

P95000085333



South Florida Health Care, Inc.
Community Mental Health Organization

Office Use Only

BER(S), (if known):

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7220 N.W. 36 Street, Suite 225, Miami, Florida 33166

☐ Walk in

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/03/98--01115--010
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

o/p Reo
CRP
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 13, 1998

Charles R. Harrison
19867 SW 7th Place
Pembroke Pines, FL 33029

SUBJECT: SOUTH FLORIDA HEALTH CARE, INC.
Ref. Number: P95000085333

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 698A00037285



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
98 AUG -3 AM 10:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I, CHARLES R. HARRISON, hereby resign as DIRECTOR
(Title)

of SOUTH FLORIDA HEALTH CARE, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

[Signature]
(Signature of resigning officer/director)

FILING FEE IS \$35.00