Address

ARNALDO VÉLEZ, P.A. 35 ALMERIA AVENUE CORAL GABLES, FL 93134

200003038522--1 -11/08/99--01121--010 \*\*\*\*\*\*70.00 \*\*\*\*\*\*35.00

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1.  |  |                       |
|---|--|-----------------------|
| (Corporation Name)  | (Document #)   | 99 NO<br>TALLA        |
| (Corporation Name)  | (Document #)   | OV-8 PL               |
| (Corporation Name)  | (Document #)   | FLORID                |
| (Corporation Name)  | (Document #)   |                       |
| Walk in Pick up time  |  | Certified Copy        |
| Mail out Will wait  | Photocopy  | Certificate of Status |
| NEW FILINGS   | AMENDMENTS   |                       |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |                       |
| OTHER FILINGS   | REGISTRATION/QUAL  | IFICATION O           |
| ☐ Annual Report ☐ Fictitious Name                           | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other                                      | - OPPONIA             |

## OFFICER / DIRECTOR RESIGNATION



| I, ARNALDO VELEZ                                       | , hereby resign as DIRECTOR          |
|--|--------------------------------------|
|  | (Title)                              |
| ` `  | <del>-</del>                         |
| of millennium BEHAVIORA                                | L CARE SYSTEMS INC.                  |
| (Name of Con   | poration)                            |
|  |                                      |
| a corporation organized under the laws of the State of | of Florida                           |
| •  | _                                    |
|  |                                      |
| and affirm that the corporation has been notified in v | writing of the resignation.—EMECTIVE |
| $\Lambda$  | 9/30/96                              |
|  |                                      |
|  | Vac                                  |
| (Signature of  | resigning officer/director)          |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## **RESIGNATION**

The undersigned hereby resigns as Director of Millennium Behavioral Care Systems, Inc. effective immediately.

Dated: September 30, 1996.

ARNALDO VÉLEZ