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ATTORNEYS AT LAW 1855 S. KANNER HIGHWAY STUART, FLORIDA

JAMES F. LITTMAN

VIRGINIA P. SHERLOCK

TELEPHONE (561) 287-0200 FACSIMILE (561) 283-1010

REPLY To: Post Office Box 1197 STUART, FLORIDA 34995

April 20, 1998

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

000002518060 05/11/98--01012--011 *****35.00 *****35.00

Re: Resignation of Officer/R.H. Roffman & Associates, Inc.

Dear Sir:

Enclosed please find a Resignation of Officer and/or Director Affidavit executed by Robert H. Roffman relative to R.H. Roffman & Associates, Inc., now known as Adult and Children Therapies, Inc.

Please remove Mr. Roffman's name from the Department's records with respect to this corporation. Our check for the \$20.00 filing fee is enclosed.

Thank you for your attention.

Sincerely,

LITTMAN, & SHERLOCK, P.A.

Sherlock Virginia,

VPS/nol Ænclosure



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 28, 1998

Virginia P. Sherlock Littman & Sherlock, P.A. P.O. Box 1197 Stuart, FL 34995

SUBJECT: ADULT AND CHILDREN THERAPIES, INC.

Ref. Number: P96000104217

We have received your document for ADULT AND CHILDREN THERAPIES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file an officer/director resignation is \$35. Please return your document and fee.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 798A00022905

RECEIVED
98 MAY -8 PH 12: 39
BIVISION OF CORPORATIONS

Littman, Sherlock & Heims, P.A.

Attorneys At Law

P.O. Box 6	of Corporations	Date: May	y 5, 1998	 - ·
Your sign	ormation nature r request			
Other:			•	
PLEASE FIND: _	Resignation of On Adult and Childre Robert H. Roffman	en Therapies,	Inc.	
No actionPlease reOther:_	required eturn in enclosed envel	ope		

P.O. Box 1197, Stuart, Florida 34995 Phone: (561) 287-0200 Fax: (561) 283-1010



AFFIDAVIT

Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF OFFICER AND/OR DIRECTOR

	,
STATE OF:	** 5
COUNTY OF MARTIN	to alt in the
I ROBERT H. ROFFMAN after being duly sworn, state that to the	best of my
knowledge, information and belief, and under penalties of perj	ury, the
following is true and correct:	· alite
1. I ROBERT H. ROFFMAN, hereby resign asPresident ADULT AND CHILDREN THERAPIES, INC., formerly known(Title) as R.H. ROFFMAN AND ASSOCIATES, INC, a Florida company of the company of	of
(Name of Corporation)	
2. That the corporation has been notified in writing of the resignation; and 3. That corporate minutes relating to the resignation are unavailable. FURTHER AFFIANT SAYETH NOT. Robert H. Roffman	707
Sworn to and subscribed before me this 20th day of April, 1998. Manua Stt Sheel Notary Public	lock
My Commission Expires: Wirdin/A PITT SHERLOCK MY COMMISSION # CC 372080 EXPIRES: June 3, 1998 Bonded Thru Notary Public Underwriters	