

P97000091469

LAW OFFICES OF MICHAEL MORAN

1800 SECOND STREET
SUITE 850
SARASOTA, FLORIDA 34236

MICHAEL MORAN
MICHELE S. STEPHAN
BARBARA WHITMORE

941/366-1800
FAX 941/954-7101

April 21, 1998

000002438010--4
-04/23/98-01072-009
*****35.00 *****35.00

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

Re: Neurobehavioral Medicine Center of Venice, Inc.

Dear Sir/Madam:

Enclosed please find an original and one copy of the Affidavit-Resignation of Officer and/or Director for the above-referenced corporation. Also enclosed is our firm check in the amount of \$35.00 which represents the filing fee.

Please file the original Resignation and return a file-stamped copy to our office at the above address.

Thank you for your assistance in this matter.

Very truly yours,

MM
Michael Moran

Enclosures

va.1857.Rayfield.L02

FILED
98 APR 23 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Receipt

TLL APR 26 1998

Affidavit—Resignation of Officer and/or Director



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED
98 APR 23 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

I, MELANIE L. ALCORN after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, MELANIE L. ALCORN hereby resign as DIRECTOR of
(Title)
NEUROBEHAVIORAL MEDICINE CENTER OF VENICE, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Melanie L. Alcorn, President
Signature of resigning officer/director

Sworn to and subscribed before me this 2 day of April 1998.



Payton C Gassaway
My Commission CC613625
Expires January 14 2001

NOTARY PUBLIC

My Commission Expires: _____

FILING FEE IS \$35.00