

600394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

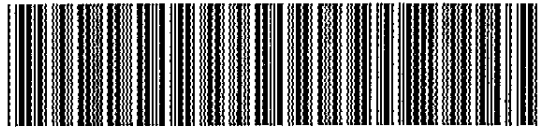
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R/A Resignation

7/14/03

*[Handwritten signature]*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DRS. HOFFBERGER, ANTOSEK AND WEINSTEIN, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 600394

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD ANTOSEK, D.O.  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

8890 W. OAKLAND PARK BLVD, STE 304  
(Address)

SUNRISE FL 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD ANTOSEK D.O. at (954) 748-4771  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

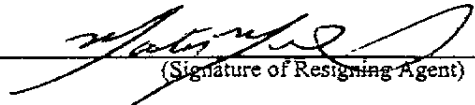
Florida Statutes, the undersigned, MORTON MORRIS, D.O.  
(Name of Registered Agent)

hereby resigns as Registered Agent for DRS. HOFFBERGER, ANTOSK AND WEINSTEIN, P.A.  
(Name of Corporation)

600394  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

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TALLAHASSEE, FLORIDA