

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305) 577-4177
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REGISTERED AGENT RESIGNATION

SCHILLINGER EMERGENCY PHYSICIANS MEDICAL GROUP, A PR

Certificate of Status	0
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RA Resign.

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FAX AUDIT NUMBER: H03000220644 6

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Schillinger Emergency Physicians Medical Group, a Professional Corporation

DOCUMENT NUMBER: F02000000444

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:

Charles J. Rennert
Berman Rennert Vogel & Mandler, P.A.
100 S. E. Second Street, Suite 2900
Miami, Florida 33131

For further information concerning this matter, please call Ania Lesnaya at (305) 577-4163.

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, REGISTERED AGENTS OF FLORIDA, LLC hereby resigns as Registered Agent for SCHILLINGER EMERGENCY PHYSICIANS MEDICAL GROUP, A PROFESSIONAL CORPORATION, document number F02000000444.

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.

REGISTERED AGENTS OF FLORIDA, LLC

By: Charles J. Rennert
Charles J. Rennert, Vice President

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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:
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P.O. Box 6327
Tallahassee, FL 32314