## F0400000000000043

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RA/RES 10,8/13/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GENEZEN HEALTHCARE, INC. (Name of Corporation)
• • •
DOCUMENT NUMBER: F04000000643
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:
Mary Ann Quick (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Ann Quick at (800) 345-4647 (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of State for \$87.50 for an active corporator \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60'	7.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	Capitol Corporate Services, Inc. (Name of Registered Agent)		
hereby resigns as Registered Agent for _	GENEZEN HEALTHCARE, INC. (Name of Corporation)	٠,	
F0400000643			
(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 of this statement is filed.	liscontinued on the 31st day after the date on which		
(Sign	ature of Resigning Agent)		
If signing on behalf of an entity:			
		09	SEC
(T)	Cheryl Roberts yped or Printed Name)	S	곷深
		09 AUG 11	TARY IASSE
	President	2	m Q c
-	(Capacity)	1 t: 2	STAT

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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