

# F08000005259

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : INCORPORATING SERVICES, LTD.  
Account Number : I2005000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

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Email Address: \_\_\_\_\_

### REGISTERED AGENT RESIGNATION HEALTHEX CORP.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTHEX CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** F08000005259

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:

Amanda Archambault  
(Name of Person)

Incorporating Services, Ltd.  
(Name of Firm/Company)

3500 South DuPont Highway  
(Address)

Dover, DE 19901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault at ( 302 ) 531-0712  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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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, INCORPORATING SERVICES, LTD.  
(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTHEX CORP.  
(Name of Corporation)

F08000005259  
(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:

Amanda Archambault  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

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