

F37735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

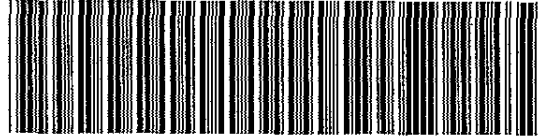
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Greenberg Traurig

Suzanne S. Killeen
Tel. (954) 468-1722
Fax (954) 765-1477
KilleenS@gtlaw.com

February 9, 2006

FIRST-CLASS MAIL

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: ***Serrano Medical Associates, P.A. Inc.***
Document Number: F37735

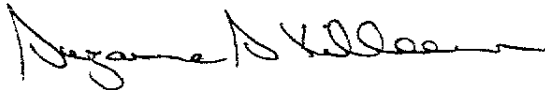
Dear Sir or Madam:

Enclosed with this letter is a Resignation by Francis B. Brogan, Jr. as Registered Agent for Serrano Medical Associates, P.A., Inc. Also enclosed is this firm's check in the amount of \$35.00 to pay the filing fee for an administratively dissolved corporation.

Please return proof of this filing to the undersigned in the enclosed return envelope.

Should you have any questions or need anything further, please call me at (954) 468-1722.

Sincerely,



Suzanne S. Killeen
Paralegal

Enclosures

ALBANY
AMSTERDAM
ATLANTA
BOCA RATON
BOSTON
CHICAGO
DALLAS
DELAWARE
DENVER
FORT LAUDERDALE
HOUSTON
LAS VEGAS
LOS ANGELES
MIAMI
MILAN*
NEW JERSEY
NEW YORK
ORANGE COUNTY, CA
ORLANDO
PHILADELPHIA
PHOENIX
ROME*
SACRAMENTO
SILICON VALLEY
TALLAHASSEE
TOKYO*
TYSONS CORNER
WASHINGTON, D.C.
WEST PALM BEACH
ZURICH

*Strategic Alliances
Tokyo Office/Strategic Alliances

FL-18\KILLEENS\586764v01\2/9/06

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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

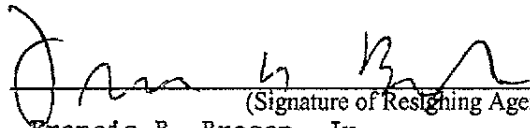
Florida Statutes, the undersigned, Francis B. Brogan, Jr.
(Name of Registered Agent)

hereby resigns as Registered Agent for Serrano Medical Associates, P.A. Inc.
(Name of Corporation)

F37735
(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)
Francis B. Brogan, Jr.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

06 FEB 13 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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