

LO2000024780

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

From: Account Name : FOLEY & LARDNER OF TAMPA
Account Number : 071344001620
Phone : (813) 229-2300
Fax Number : (813) 221-4210

RECEIVED

2009 OCT -8 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP -2 PM 4:04

FILED

REGISTERED AGENT RESIGNATION
MEDICAL RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Resignation
OO RA

10/8/09

Electronic Filing Menu

Corporate Filing Menu

Help

We received proof that
Original RA resignation
was faxed in (efile) on
10/8/09

FROM FOLEY & LARDNER 813-221-4210

(THU) 10. 8' 09 13:50/ST. 13:48/NO. 4861814348 P 1



ATTORNEYS AT LAW
100 NORTH TAMPA STREET, SUITE 2700
TAMPA, FL 33602-5810
P.O. BOX 3391
TAMPA, FL 33601-3391
TELEPHONE: 813.229.2300
FACSIMILE: 813.221.4210
WWW.FOLEY.COM

FACSIMILE TRANSMISSION

Total # of Pages 5 (including this page)

TO:	PHONE #:	FAX #:
Amendments Section Florida Department of State		850-617-6380

<p>From : Margo T. Valenti Email Address : mvalenti@foley.com Sender's Direct Dial : 813.225.4110 Date : October 8, 2009 Client/Matter No : 999100-0100 User ID No : 2582</p>
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MESSAGE:

The attached Resignation of Registered Agent was faxed to the Florida Department of State back on September 2, 2009. Pursuant to my telephone call with the Division this morning, I was told that our filing had not been processed. Since the required waiting period has expired, please remove F&L Corp. as the registered agent immediately. Your attention to this matter would be greatly appreciated.

If there are any problems with this transmission or if you have not received all of the pages, please call 813.229.2300.

Operator:	Time Sent:	Return Original To: Margo T. Valenti
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CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Resource, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L02000024780

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Dunsford, Esquire
Name of Person

Foley & Lardner LLP
Name of Firm/Company

100 N. Tampa Street, Suite 2700
Address

Tampa, Florida 33603
City/State and Zip Code

tdunsford@foley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margo T. Valenti at (813) 225-4110
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2009 SEP -2 PM 4:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

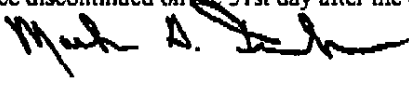
F & L Corp., hereby resigns as
Name of Registered Agent

Registered Agent for Medical Resources, LLC
Name of Limited Liability Company

L02000024780
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Martin A. Traber
Typed or Printed Name
Vice-President
Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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