## M35a73

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>•</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	; Certificates	of Status
Special Instructions to Filing Officer:		

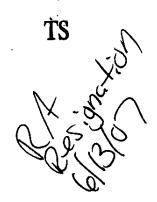
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Hand Surgery Associates of South Florida, P.A.
(Name of Corporation)
DOCUMENT NUMBER: M35273
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:
John C. Seipp, Jr.
(Name of Person)
Seipp, Flick & Kissane P.A.
(Name of Firm/Company)
2 Alhambra Plaza Suite 800
(Address)
Coral Gables, Fl 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
John C. Seipp, Jr. at ( 305 ) 995-5611
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the unde	signed, John C. Seipp, Jr.  (Name of Registered Agent)
	· · · · · · · · · · · · · · · · · · ·
hereby resigns as Register	ed Agent for Hand Surgery Associates of South Florida, P.A.
	(Name of Corporation)
M35273	
(Document Number,	known)
A copy of this resignation	was mailed to the above listed corporation at its last known address.
The agency is terminated this statement is filed.	nd the office discontinued on the 31st day after the date on which
If signing on behalf of an	(Signature of Resigning Agent)
	(Typed or Printed Name)  7 SECRALL JUL
	(Capacity)  Fee for filing this document:  \$7.50 - Active corporation
	\$87.50 - Active corporation
	\$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation