

P95000027984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

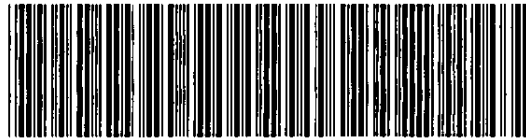
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100157228941

07/06/09--01019--008 **35.00

FILED
2009 JUL -6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign.

TB 7-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA PRIMARY CARE GROUP, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P95000027984

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:

Gisela Fasco
(Name of Person)

Broad and Cassel
(Name of Firm/Company)

2 South Biscayne Blvd., 21st Floor
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Gisela Fasco at (305) 373-9419
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
2009 JUL - 6 PM 3: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, B & C Corporate Services, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for South Florida Primary Care Group, P.A.
(Name of Corporation)

P95000027984
(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:

Gisela Fasco
(Typed or Printed Name)

Vice President
(Capacity)

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**