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| (R                      | equestor's Name)    |                 |
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| PICK-UP                 | WAIT                | MAIL            |
| (B                      | usiness Entity Nan  | ne)             |
| (C                      | Occument Number)    |                 |
| Certified Copies        | Certificates        | of Status       |
| Special Instructions to | o Filing Officer:   |                 |
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SECRETARY OF STATE

R.A. Resignation

T BROWN MAR 2 5 2004

March 16, 2004

From: Karen Lanier

4933 Sheridan Street Hollywood, Florida 33021

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ATTN: Corporate Specialist Supervisor

Re: BRANIER ORTHOPEDIC, INC.

Resignation as President and Register Agent of Karen Lanier

Dear Ms. Lewis:

Enclosed please find the following for filing:

- 1. Resignation as President and Registered Agent, and
- 2. Check number 1762 in the amount of \$122.50 to cover the \$87.50 for the filing of my resignation fee, as the registered agent of an active corporation and \$35.00 to resign as President of Branier Orthopedic, Inc.

Thank you for your kind help in this matter, I remain.

Sincerely

Karen Lanier



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## RESIGNATION OF REGISTERED AGENT

| rursuant to the pro                         | Expressions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.1509$ ,                            |
|---|---|
| Florida Statutes, t                         | ne undersigned, Karen Lanier (Name of registered agent)   |
| hereby resigns as                           | Registered Agent for Branier Orthopedic, Inc. (Name of corporation)   |
| A copy of this res                          | ignation was mailed to the above listed corporation at its last known address                                   |
| The agency is termined this statement is fi | ninated and the office discontinued on the 31st day after the date on which led.  Signature of resigning agent) |
| If signing on beha                          | If of an entity:  |
|   | (Typed or Printed Name)  President  |
| <del></del>                                 | (Capacity)  |

Fee for filing this document;

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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