

S16379

(Requestor's Name)

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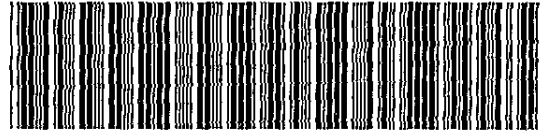
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BA Resignation

T BROWN MAR 25 2004

March 16, 2004

From: Karen Lanier
4231 West Commercial Boulevard
Tamarac, Florida 33319

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

ATTN: Corporate Specialist Supervisor

Re: BRANIER ORTHOPEDIC CARE CENTER, INC.
Resignation as Registered Agent Karen Lanier

Dear Ms. Lewis:

Enclosed please find the following for filing:

1. Resignation as Registered Agent, and
2. Check number 1761 in the amount of \$87.50 for the resignation filing.

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

Sincerely



Karen Lanier



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

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

Florida Statutes, the undersigned, Karen Lanier
(Name of registered agent)

hereby resigns as Registered Agent for Branier Orthopedic Care Center, Inc.
(Name of corporation)

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.

Karen Lanier
(Signature of resigning agent)

If signing on behalf of an entity:

KAREN LANIER
(Typed or Printed Name)

Registered Agent
(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