## P08000001576

(Re	equestor's Name)	
(Ad	Idress)	
(* .5	14.000)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
(12	· · · · · · · · · · · · · · · · · ·	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	
opecial histractions to	Filling Officer.	
:		

Office Use Only



300163865563

01/26/10--01012--005 \*\*87.50

2010 JAN 26 AM II: 56 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

R.A. Resign.

TB

JAN 28 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Citadel Anesthesia, Inc. (Name of Corporation)
DOCUMENT NUMBER: P08000001576
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:
Henry Dean, C.P.A.
(Name of Person)
Henry Dean, C.P.A., P.A.
(Name of Firm/Company)
251 Dixie Blvd.
(Address)
Delray Beach, FL 33444
(City/State and Zip Code)
For further information concerning this matter, please call:
Henry Dean, C.P.A. at (561) 276-2030  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, April 56  Florida Statutes, the undersigned, Henry Dean, C.P.A.  (Name of Registered Agent)
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 Ay
Florida Statutes, the undersigned, Henry Dean, C.P.A.  (Name of Registered Agent)
hereby resigns as Registered Agent for Citadel Anesthesia, Inc. (Name of Corporation)
P08000001576  (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:
(Typed or Printed Name)

## 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

(Capacity)