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ADORNO & ZEDER

A PROFESSIONAL ASSOCIATION

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BRIAN A. HART

January 8, 2002

WRITER'S DIRECT NO:

305-860-7055

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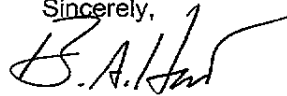
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Florida Medical Center, Inc.

Ladies and Gentlemen:

Enclosed is the Resignation of Registered Agent form for the above corporation. Also enclosed is our check payable to the Department of State in the amount of \$35.00 representing the filing fee.

Sincerely,



BAH:emr
Enclosures

cc: Edward A. Dauer, M.D. (Without Enclosures)

FILED
02 JAN 10 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

402816
PARS
1-10-02



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, Edward Lerner

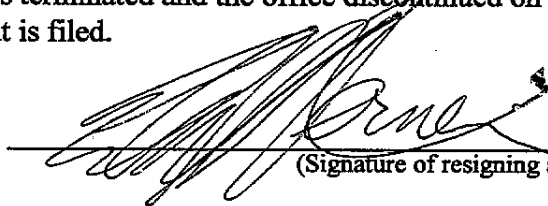
(Name of registered agent)

hereby resigns as Registered Agent for Florida Medical 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.


(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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

FILED
08 JAN 10 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA