

# 436599

Theresa Capiera - Corp.

Requestor's Name

1633 Broadway

Address

New York NY 10019

City/State/Zip

Phone #

97 MAR 17 PM 2:46  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *RA*  
*Resignation*
2. *Professional Medical Services, Inc.*  
(Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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3/18/97
RDH
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W.P. Vintylor

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

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### RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for PROFESSIONAL MEDICAL SERVICES, INC.  
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

A copy of this resignation was mailed to the above listed corporation at its last known address.

111 Westwood Pl.  
Brentwood, TN 37027  
Attn: Sara Boyce

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

John Alphin  
SIGNATURE  
ASSISTANT SECRETARY

#### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation

437052

BILL BENHART, INC.

CHANGE OF ADDRESS

FEI # 59-1492346

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OLD ADDRESS: 220 Clover Place  
Waynesville NC  
28786-9206

NEW ADDRESS: 4564 Jonathan Creek Rd.  
Waynesville NC  
28786

EFFECTIVE DATE: March 31, 1997

LT  
3-21-97