Research Name	15
Carlos Enriquez, Esq. 28 West Flagler Street Suite 400 Miami, FL 33130-1817	
CORP	Office Use Only NUMBER(S), (if known):
1. (Corporation Name) 2. (Corporation Name)	(Document #) 1000033248518 -07/17/0001103016 ******80.00 (Document #)
3. (Corporation Name)	(Document #) 1000033248518
4. (Corporation Name)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director-Colored Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION : TO
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION
CR2E031(7/97)	Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,		
Florida Statutes, the undersigned, Carlos A. Enriquez, Esq. (Name of registered agent)		<u> </u>	
hereby resigns as Registered Agent for Thomas R. Ugarte, M.D., P.A. (Name of corporation)		_	٠.
A copy of this resignation was mailed to the above listed corporation at its last known			
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	ı which	Ţ	
(Signature of resigning agent)	SECRETAL	00 JUL 2	
If signing on behalf of an entity: (Typed or Printed Name)	RY OF STATE SEE, FLORIDA	PM 1:20	D
(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