

747179

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hospice of Southwest Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marge Maisto
(Name of person)

Hospice of Southwest Florida, Inc.
(Name of firm/company)

5955 Rand Boulevard
(Address)

Sarasota, Florida 34238
(City/state and zip code)

For further information concerning this matter, please call:

Marge Maisto at (941) 923-5822
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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

Florida Statutes, the undersigned, Stanley P. Godleski
(Name of Registered Agent)

hereby resigns as Registered Agent for Hospice of Southwest Florida, Inc.
(Name of Corporation)

(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.

Stanley P. Godleski
(Signature of Resigning Agent)

If signing on behalf of an entity:

Stanley P. Godleski

(Typed or Printed Name)

Trustee

(Capacity)

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withdrawn corporation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

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SECRETARY OF STATE
TALLAHASSEE, FL 32310