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New York, NY 10019
Tel. 212 246 5070

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NEW FILINGS	
<input type="checkbox"/>	Profit
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" 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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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 DEC -5 AM 8:39

12-11-97

Examiner's Initials

CC



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

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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 FLORIDA HEALTH 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.

1101 Gulf Breeze Pkwy.
Gulf Breeze, FL 32561
Attn: James O'Bryant

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

Herb Alfieri
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation