

829107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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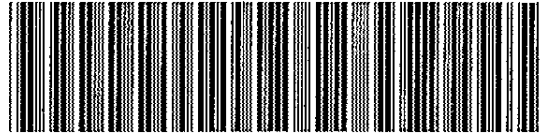
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST HEALTHCARE CORPORATION (DE. DOM.)  
(Name of Corporation)

**DOCUMENT NUMBER:** 829167

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

THERESA ALFIERI  
(Name of Person)

C T CORPORATION SYSTEM  
(Name of Firm/Company)

111 8TH AVENUE - 13TH FLOOR  
(Address)

NEW YORK, NEW YORK 10011  
(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA ALFIERI at ( 212 ) 894 - 8516  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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TALLAHASSEE, FLORIDA

**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, C T CORPORATION SYSTEM  
(Name of Registered Agent)

hereby resigns as Registered Agent for FIRST HEALTHCARE CORPORATION (DE. DOM.)  
(Name of Corporation)

829167

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn corporation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