

857416

(Requestor's Name) (Requestor's Name) (Address) (Address)
(Address)
Month Manual Man
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(23011030 21111), 132113,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600215316726

12/29/11--01002--001 **175.00

RA Resign

11 DEC 29 PM 3: 09

11, 410

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

11 DEC 29 PH 3: L

Pursuant to the provisions of sections 6	07.0502(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	MEDIPLEX CONSTRUCTION CO., INC. (MA. DOM.)
	(Name of Corporation)
857416	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORAT	ION SYSTEM - THERESA ALFIERI
. (Typed or Printed Name)
, AS	SISTANT 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withdrawn corporation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