

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

500002515365--C
 -05/07/98--01070--002
 *****87.50 *****87.50

Office Use Only

A20134
 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

98 MAY - 6 PM 12:50

APPROVED
 AND
 FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input 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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 208
 RA CH
 526-98

Florida Department of State, Sandra B. Mortham, Secretary of State

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
PARTNERSHIP**

Pursuant to the provisions of sections 620.1051(2), Florida Statutes, the undersigned

Brian A. Hart hereby resigns as Registered
(Name of registered agent)

Agent for Coral Springs Diagnostic Center, Ltd.
(Name of Limited Partnership)

A copy of this resignation was hand-delivered to the above listed partnership 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.

B. A. Hart
(Signature of resigning agent)

FILING FEE: \$87.50

98 MAY -6 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

INHS16(3/95)

D:\AC Forms\CORPORAT\Registered Agent - Resignation LP

ORIGINAL