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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Bardmoor Cancer Center Limited	
Name of Limited Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: <u>A 96 0000 1991</u>	
The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Sherry Ogden Contact Person	
Firm/Company	
BARDMOOR CANCER CENTER 8787 BRYAN DAIRY ROAD	
Address SUITE 120 LARGO, FLORIDA 33777	
City, State and Zip Code	
SSMith bcc @ tampabay. M. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sherry R Ogdon at (727) 320 020 Name of Contact Psyson Area Code and Daytime Telephone Number	LO er
Enclosed is a check made payable to the Florida Department of State for:	
\$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
Figure 5 Fischer PA, hereby resigns as
Name of Registered Agent
Registered Agent for Budmoor Cancer Center Limited Partnership or Limited Liability Limited Partnership
0 0 / 0 0 0 0 0 10 0 1
<u></u>
Florida Document Number, if known
The agent is terminated on the 31 st day after the date on which this statement is filed by the Florida Department of State.
Signature of Registered Agent
If signing on behalf of an entity: Kevin S Trains Typed or Printed Name Administrator—Medical Director

Filing Fee: \$87.50 Certified Copy (optional): \$52.50

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