

FOI 000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

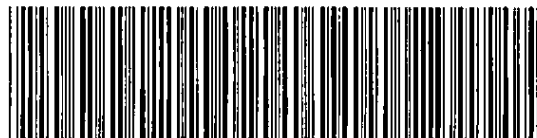
(Business Entity Name)

(Document Number)

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08/27/24--01027--017 **52.50

07/18/24--01032--001 **900.00

FILED
2024 AUG 27 PM 12:34
TALLAHASSEE, FLORIDA



Janet Cody
Senior Administrative Assistant
T. 954 745 5221 F. 954 761 8135

NELSON MULLINS RILEY & SCARBOROUGH LLP
ATTORNEYS AND COUNSELORS AT LAW

100 S.E. 3rd Avenue, Suite 2700
Fort Lauderdale, FL 33394
T. 954 764 7060 F. 954 761 8135
nelsonmullins.com

August 20, 2024

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Heath Management Corporation of America
Ref. Number F01000001908

To Whom it May Concern:

Per your correspondence of July 30, 2024 enclosed is a check for \$52.50 for the balance due and owing on the above-referenced entity.

Should you have any questions, please do not hesitate to contact us.

Nelson Mullins

A handwritten signature in black ink that reads 'Janet Cody'.

Janet Cody



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2024

GABRIEL L. IMPERATO, ESQ.
NELSON MULLINS
1 FINANCIAL PLAZA, SUITE 2700
FORT LAUDERDALE, FL 33394

SUBJECT: HEALTH MANAGEMENT CORPORATION OF AMERICA
Ref. Number: F01000001908

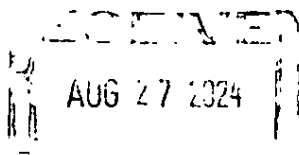
We have received your document for HEALTH MANAGEMENT CORPORATION OF AMERICA and your check(s) totaling \$900.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation is still Active. To resign as Registered Agent is \$87.50 \$35.00 was applied to this filing, there is a balance due of \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00016899



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH MANAGEMENT CORPORATION OF AMERICA
(Name of Corporation)

DOCUMENT NUMBER: F01000001908

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:

GABE IMPERATO

(Name of Person)

NELSON MULLINS

(Name of Firm/Company)

1 FINANCIAL PLAZA, SUITE 2700

(Address)

FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato at (954) 745-5223

(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.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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, GABE IMPERATO

(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTH MANAGEMENT CORPORATION OF AMERICA

(Name of Corporation)

F01000001908

(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:

(Typed or Printed Name)

(Capacity)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 27 PM 12:34

FILED

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