## F04000001893

(Re	questor's Name)	
(Address)		
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	<u>:</u>	
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Certified Copies	_ Certificates	of Status
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RA Resign

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2007 MAY IL PM 2: LI
SECRETARY OF STATE



CT 111 Eighth Avenue New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 2, 2007

RE: ADAMS, JOHNSON & MURPHY, INC. (FL.DOM.)
CONSULTING HEALTH MANAGEMENT, INC. (NV.DOM.)
SEBRING CAPITAL PARTNERS, LIMITED PARTNERSHIP (DE.DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1\_check in amount of \$262.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk Enclosure

## 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)
	CONSULTING HEALTH MANAGEMENT, INC.
hereby resigns as Registered Agent fo	(Name of Corporation)
	(Name of Corporation)
F0400001893	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date on which
· ) la	eff
	Signature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORA	ATION SYSTEM - THERESA ALFIERI
	(Typed or Printed Name)
A	SSISTANT SECRETARY
<del></del>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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