

F040000006300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SEP 24 2012  
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11:39 AM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 24 PM 2:41

SEP 24 2012

T. BROWN

R.A. Res.

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      MICHELE HOLDEN

**DATE:**            09/24/2012

**REF. #:**           001018.173317

**CORP. NAME:**   MAXIMUM MEDICAL, INC.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                              | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT  | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                                  | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT  | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                            |   |  |
| <input checked="" type="checkbox"/> OTHER:      RESIGNATION OF REGISTERED AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** 101131 **FOR \$** 35.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 24 PM 2:44

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORP DIRECT AGENTS INC

(Name of Registered Agent)

hereby resigns as Registered Agent for MAXIMUM MEDICAL, INC.

(Name of Corporation)

F04000006300

(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:

MICHELE HOLDEN

(Typed or Printed Name)

ASSISTANT 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**