F0500002663

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	#)
,		•
PICK-UP	☐ WAIT	MAIL
		,
(Bu	siness Entity Name	e)
,	• .	,
(Do	cument Number)	
(50	ountent (vamber)	
	- 44	• • •
Certified Copies	_ Certificates	of Status
, 		
Special Instructions to	Filing Officer:	
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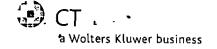


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SECRETARY OF STATE
TAIL AHASSEE FLORIDA

Calor Stron



CT 111 Eighth Avenue New York, NY 10011

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

December 8, 2008

RE: G5 TECHNOLOGIES, INC. (DE. DOM.)

FAGEN'S INC. (PA. DOM.)

JMG/IC INSURANCE AGENCY, INC. (TX. DOM.) MEGA PHARMACY CORPORATION. (FL. DOM.)

NATIONS HEALTCARE OF FLORIDA, INC. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175, 00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM
	(Name of Registered Agent)
hereby resigns as Registered Agent for	JMG/IC INSURANCE AGENCY, INC. (TX. DOM.)
	(Name of Corporation)
F05000002663	
(Document Number, if known)	•
	o the above listed corporation at its last known address. discontinued on the 31st day after the date on which
this statement is filed.	discontinued on the 31st day after the date on which
	gnature of Resigning Agent) ALL AHA TALLAH TAL
If signing on behalf of an entity:	IC 12 A HASSEE,
C T CORPORAT	TION SYSTEM - THERESA ALFIERI
	Typed or Printed Name)
AS	SISTANT 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