F05000004193

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
•			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

May Selly

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 of	07.0502(2), 617.0502(2), 60	7.1509, or 61 /.13	309,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registe	red Agent)	
hamba maiana ao Baaistanad Asant fan	G5 TECHNOLGIES, INC.	(DE. DOM.)	
hereby resigns as Registered Agent for	(Name of Corporation)		,
F05000004193			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation	n at its last know	n address.
The agency is terminated and the office this statement is filed.	reall	y after the date or	ORETARY LAHASSE
If signing on behalf of an entity:	gnature of Rosigning Agent)		AH II: 48 UF STATE E, FLORIDA
C T CORPORAT	TION SYSTEM - THERESA A	LFIERI	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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