

F05000004607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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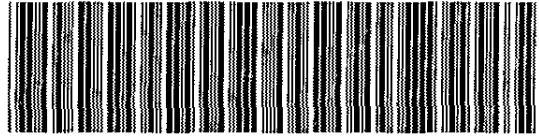
(Business Entity Name)

(Document Number)

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RA Res.
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pulmonary Providers Inc.
(Name of Corporation)

DOCUMENT NUMBER: F05000004607

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:

Yuri Soyferman
(Name of Person)

Pulmonary Providers Inc
(Name of Firm/Company)

3001 S. Ocean Dr. #1101
(Address)

Hollywood, FL 33019
(City/State and Zip Code)

For further information concerning this matter, please call:

Yuri Soyferman at 818 458-5953
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RECEIVED
07 AUG 22 AM 8:00
DIVISION OF CORPORATIONS

**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, Daniel Livshin

(Name of Registered Agent)

hereby resigns as Registered Agent for Pulmonary Providers, Inc.

(Name of Corporation)

F05000004607

(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)

FILED
07 AUG 22 AM 15
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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withdrawn corporation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