F0600006098

(Requestor's Name)
:
(Address)
(Address)
(in a section)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAHASSEE FINBLE



COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ	ECT: Surgical Outcome Support, Inc.	
	(Name of Corporation)	
DOC	UMENT NUMBER: F06000006098	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling.
Please	return all correspondence concerning this matter to the following:	
Alys	Nagler Daniels, Esq.	
	(Name of Person)	
Gary	v, Dytrych & Ryan, P.A.	
	(Name of Firm/Company)	
701	U.S. Hwy. One, Ste. 402	
	(Address)	
N. P	alm Beach, FL 33408	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Alys	Nagler Daniels, Esq. at (561) 844-3700	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Alys Nagler Daniels (Name of Registered Agent)
hereby resigns as Registered Agent for Surgical Outcome Support, Inc. (Name of Corporation)
F0600006098
(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:
ALYS N. DANIELS (Typed or Printed Name) PEGISTERED ACENT (Capacity) Fee for filing this document: \$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation