

FO70000001826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

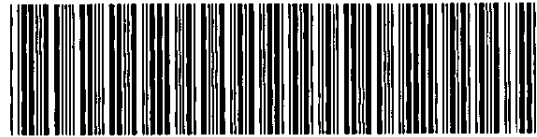
(Business Entity Name)

(Document Number)

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600235228106

Resignation  
to RA

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 MAY 30 PM 3:29

RECEIVED

6-255

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 30 PM 4:48

FILED

DR  
5/31/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : CSC INTERNAL

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 35.00

ORDER DATE : May 30, 2012

ORDER TIME : 2:53 PM

ORDER NO. : N/A

CUSTOMER NO: CSC INTERNAL

FOREIGN FILINGS

NAME: SUPPORT PLUS MEDICAL, INC.

XXXX RESIGNATION OF REGISTERED AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ PLAIN COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

FILED

2012 MAY 30 PM 4:48

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Corporation Service Company

(Name of Registered Agent)

hereby resigns as Registered Agent for Support Plus Medical, Inc.


(Name of Corporation)

F07000001826

(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:

Corporation Service Company

(Typed or Printed Name)

It's Registered Agent

(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withdrawn corporation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**