## F080000000688

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
•			
•			

Office Use Only



200210335902

07/27/11--01002--006 \*\*210.00

R.A. Resign.

Brown 7-28-11

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ON OF REGISTERED AGENT R A CORPORATION	TATECRE AND 25
Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	7.1509, (1.509),
Florida Statutes, the undersigned.	C T CORPORATION SYSTEM	"MOX
hereby resigns as Registered Agent fo	(Name of Registered Agent) NETSMART PUBLIC HEALTH INC. (DE	
icreby resigns as Registered Agent to	(Name of Corporation)	<del>`</del>
F08000000688		
(Document Number, if known)	<del></del>	
The agency is terminated and the officing this statement is filed.	to the above listed corporation at its last known to the discontinued on the 31st day after the date.  Signature of Resigning Agent)	
C T CORPORA	ATION SYSTEM - THERESA ALFIERI	
<del>- · · · · · ·</del>	(Typed or Printed Name)	•
A	SSISTANT SECRETARY	
<del></del>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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