

F170000040R

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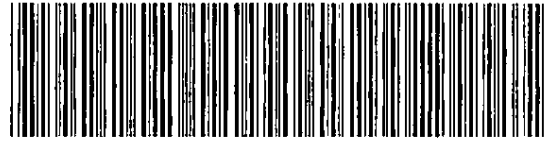
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**DATE: 10/18/2024**

**NAME: PODIATRIC MEDICAL ASSURANCE OF AMERICA, INC.**

**TYPE OF FILING: RESIGNATION OF RA**

**COST: 87.50**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, BROAD AND CASSELL

(Name of Registered Agent)

hereby resigns as Registered Agent for PODIATRIC MEDICAL ASSURANCE OF AMERICA, INC.

(Name of Corporation)

F17000004078

(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.

*Janice Chasey*

(Signature of Resigning Agent)

If signing on behalf of an entity:

Janice Chasey

(Typed or Printed Name)

Vice President

(Capacity)

2024 OCT 18 10:20

### **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withdrawn corporation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