## G65919

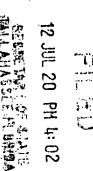
|   | Joyc                       | وا        | F. Be   | nter    | bo   |
|---|----------------------------|-----------|---|---------|------|
| -                                       | CFRA, LL<br>A Subsidiary o | Cof CARLT | ON FIELDS<br>red Agent S<br>< 3239<br>FL 33601-32 | ervices |      |
| (City/State/Zip/Phone #)                |                            |           |   |         |      |
|   | PICK-UP                    |           | WAIT  |         | MAIL |
| (Business Entity Name)                  |                            |           |   |         |      |
| (Document Number)                       |                            |           |   |         |      |
| Certified Copies                        |                            |           | Certificates of Status                            |         |      |
| Special Instructions to Filing Officer: |                            |           |   |         |      |
|   |                            | _         | ·   |         |      |





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NA Resign

JUL 24 2012 T. LEWIS

12 JUL 20 PH 4: 02

## RESIGNATION OF REGISTERED AGENT SEGMENT OF STATE FOR A CORPORATION WALLARASSEE FROM THE STATE OF STATE FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  |
|--|
| Florida Statutes, the undersigned, CFRA, LLC   |
| (Name of Registered Agent)   |
| hereby resigns as Registered Agent for GASPER R. SALVADOR, M.D., P.A.  |
| (Name of Corporation)  |
| G65919   |
| (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.  Butuloo |
| If signing on behalf of an entity:   |
| Joyce F. Bentubo   |
| (Typed or Printed Name)  |
| Secretary  |
| (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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