

Division of Corporations

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J 19967

Florida Department of State
Division of Corporations
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Division of Corporations

Fax Number : (850) 617-6380

Account Name : HODGSON RUSS LLP

Account Number : 072720000242

Phone : (716) 848-1371

Fax Number : (716) 849-0349

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

PHYSICIANS ADVISORY FOR PRIVATE CARE, INC.

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**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, HRAWG CORP.,
(Name of Registered Agent)

hereby resigns as Registered Agent for PHYSICIANS ADVISORY FOR PRIVATE
CARE, INC.
(Name of Corporation)

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(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:

David M. Stark

(Typed or Printed Name)

Vice President

(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withdrawn corporation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

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