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SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Occupational Medical Center, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: J51558
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Arth	ur F. McCormick
	(Name of Person)
McC	Cormick McCormick & McCormick P.A.
	(Name of Firm/Company)
755	S.W. 57th Ave Suite 203
	(Address)
Sou	th Miami, Florida 33143
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Art N	1cCormick at (305) 665-4819
	(Name of Person) at (305) 665-4819 (Area Code & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation i.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Cliftor 2661 I	Address: dment Section on of Corporations on Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	,		
Florida Statutes, the undersigned, Art	thur McCormick			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	Occupational Medical Center, Inc.			
	(Name of Corporation)			
J 51558				
(Document Number, if known)				
A copy of this resignation was mailed to	o the above listed corporation at its last known ad	ldress.		
this statement is filed.	discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on who discontinued on the 31st day after the date on the 31st day after the date on the 31st day after the date on the 31st day after the 31s	ıich		
If signing on behalf of an entity:		SECRE TALLAH	二八八名	
Arthur F. McCorm	ick	IAR1 ASSI	28	Ţ
	Typed or Printed Name)	E.FL	PH 19:	F
Registered Agent		50 ·	r\o	

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

(Capacity)