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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HODGSON RUSS LLP

Account Number : 072720000242 Phone : (716)848-1371

Fax Number : (716)849-0349

REGISTERED AGENT RESIGNATION

COUNTYWIDE OUTPATIENT PHYSICIAN SERVICES, 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 <u>COUNTYWIDE OUTPATIENT PHYSICIAN SERVICES, INC.</u>		
(Name of Corporation)		
J73400 (Document Number, If known)	99	
A copy of this resignation was mailed to the above listed corporation at its last known at the last kn	35 G	- Alleying
The agency is terminated and the office discontinued on the 31" day after the date on which this statement is filed.	\sim	FILED
(Signature of Resigning Agent)	<u> </u>	
If signing on behalf of an entity:		
David M. Stark (Typed or Printed Name)		
Vice President (Capacity)		
Fee for filing this document:		

Make checks payable to Florida Department of State and mail to:

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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