

J79159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAR 10 AM 9:00

RA Rising

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3/20

CT CORPORATION

March 3, 2006

RE: BKRY MATERNAL CHILD NETWORK, INC. (FL. DOM.)  
BKRY PHYSICIAN GROUP, INC. (FL. DOM.)  
BKRY PHYSICIAN SERVICES OF FLORIDA, INC. (FL. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir/Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation(s). Also enclosed is 1 check in the amount of \$262.50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

*Theresa Alfieri (wp)*

Theresa Alfieri  
Assistant Secretary

TA:nj  
Enclosure  
RPP

FILED  
SECRETARY OF S  
DIVISION OF CORPOR  
2006 MAR 10 AM

## 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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for BKRY MATERNAL CHILD NETWORK, INC.

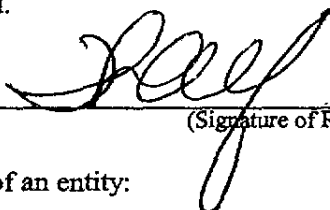
(Name of Corporation)

J79159

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT 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withdrawn corporation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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAR 10 AM 9:00