## K22570

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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97/05/07--01010--001 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. Coulliette JUL 0 9 2007

## **COVER LETTER**

of Corporation)
de tra
r a Corporation and fee are submitted for filing.
matter to the following:
<del></del>
lease call:
352 <sub>)</sub> 861-9078
(Area Code & Daytime Telephone Number)
· 1

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, 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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Paula A. Willis	
(Name of Registered Agent)	
hereby resigns as Registered Agent for D. Russell Locke, M.D., P.A.	
(Name of Corporation)	
K22570	
(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:  (Typed or Printed Name)  (Typed or Printed Name)  (Capacity)	APPROVEU AND FILFO

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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