

K50818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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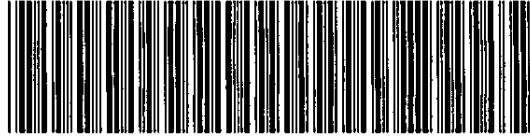
(Business Entity Name)

(Document Number)

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CLERK OF STATE
ALLIANCE, INC.

10/8/15

#1823
35

SUBJECT: Jacksonville Emergency Consultants, P.A.
(Name of Corporation)

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

(Name of Firm/Company)

1050 Riverside Avenue

(Address)

For further information concerning this matter, please call:

Sidney Simmons at (904) 945-4522
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Sidney S. Simmons, II

(Name of Registered Agent)

hereby resigns as Registered Agent for Jacksonville Emergency Consultants, P.A.
(Name of Corporation)

(Name of Corporation)

K50818

(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.

Sidy S. Sumner
(Signature of Resigning Agent)

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Typed or Printed Name)

(Capacity)

(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withdrawn corporation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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SECRETARY OF STATE
MAIL ROOM