

L0100000 1302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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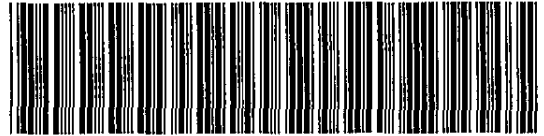
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/03--01028--023 **25.00

FILED
2003 JAN 24 PM 2:29
DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 24 2003

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
2003 JAN 24 PM 2:29
DULICH CORPORATION
TALLAHASSEE, FLORIDA

CONTACT: Ed Lacy
DATE: 1/24/03
REF. #: Office expense
CORP. NAME: Surgical Oncology Group, LLC 201000001302

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: Resignation of Registered Agent

STATE FEES PREPAID WITH CHECK# 504328 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CorpDirect Agents, Inc.

(Name of Registered Agent)

, hereby resigns as

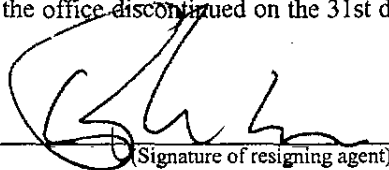
Registered Agent for Surgical Oncology Group, L.L.C.

(Name of Limited Liability Company)

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2003 JAN 24 PM 2:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A copy of this resignation was mailed to the above listed limited liability company 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:

CorpDirect Agents, Inc.

(Typed or printed name)

President

(Capacity)

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314