

L04000048098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

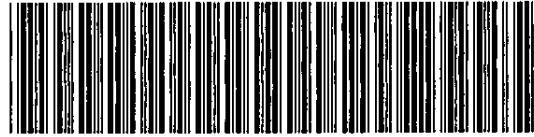
(Document Number)

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

Special Instructions to Filing Officer:

**A. LUNT**  
MAR 14 2011  
**EXAMINER**

Office Use Only



800224445508

03/12/12--01024--017 \*\*85.00

2012 MAR 12 PM 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** California Club Medical Center, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000048098

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad Brown  
Name of Person

Access Management Co. LLC  
Name of Firm/Company

14690 Spring Hill Dr.  
Address

Spring Hill, Fla. 34609  
City/State and Zip Code

Legaldepartment@Accesshealthcarellc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Brown at (352) 799-0046  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2012 MAR 12 PM 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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,

Quatreze Medical Centers LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for California Club Medical Center, LLC  
Name of Limited Liability Company

L040000048098  
Document Number, if known

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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Pariksith Singh  
Typed or Printed Name  
CEO  
Capacity

2012 MAR 12 PM 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314