

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 417-6755

From:

Account Name : PIONEER/EXPLORER COMPLIANCE SERVICES, INC.
Account Number : 020150001153
Phone : (800) 121-2474
Fax Number : (718) 889-7726

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT RESIGNATION BRUCE S BEVITZ, M.D., LLC

Certificate of Status	0
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19 JUL -9 PM 11:08

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

UPM SERVICE CORP., hereby resigns as

.....
Name of Registered Agent

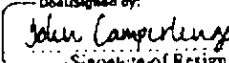
Registered Agent for **BRUCE S BEVITZ, M.D., LLC**

.....
Name of Limited Liability Company

.....
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.

Deauthorized by:

.....
Signature of Resigning Agent

If signing on behalf of an entity:

**JOHN CAMPERLENGO
GENERAL COUNSEL**

.....
Capacity

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withdrawn limited liability company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

DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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