

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110001924173)))



H110001924173ABC

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Division of Corporations

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Account Name : EROAD AND CASSEL - MIAMI OFFICE

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Phone: (305)373-9445
Pax Number: (305)373-9443

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

Email Address: bbauer70@aol.com

LLC REGISTERED AGENT RESIGNATION
BETH ISRAEL OUTPATIENT SURGICAL CENTER, LLC

RECEIVED

IN JUL 29 AM II: 53
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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G. MCLEOD

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Electronic Filing Menu

Corporate Filing Mem XAMINER

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Fax Audit No. H11000192417 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608,416(2) or 608.509, Florida Statutes, the undersigned,			
	Corporate Services, Inc. , hereby resigns as			
1	Name of Registered Agent			
Registered Agent for	Beth Israel Outpatient Surgical Center, LLC		_	
	Name of Limited Liability Company			
L090000				
Document Nun	iber, 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 sta	atement :	s filed	ı
	Signature of Resigning Agent			
If signing on habelf of an	antitue			
If signing on behalf of an	entity:	de co	رت ب	
	Glaela Fasco	<u> </u>	_	
	Typed or Printed Name	3	I JUL 29	
-	Vice President	C/9 / 0	2	e sometimes
	Capacity	E41 ~		¥
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		CDate, I _— CA	$\dot{\mathcal{S}}$	Treater.
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		25	

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

INHS17 (08/05)