

L10000021912

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : REZNICSEK, FRASER, HASTINGS, WHITE & SHAFFER, PA.
Account Number : I20030000107
Phone : (904) 567-1060
Fax Number : (904) 567-1065

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
PODIATRIC MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

RECEIVED
11 APR -8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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Handwritten signature and date:
4/11/11
TL

APR/08/2011/FRI 01:10 PM

P. 003/003

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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,

Reznicsek, Fraser, Hastings, White & Shaffer, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Podiatric Management Services, LLC

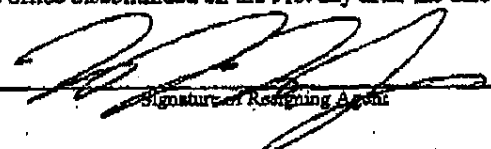
Name of Limited Liability Company

L10000021912

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 of Resigning Agent

If signing on behalf of an entity:

Thomas J. Fraser, Jr.

Typed or Printed Name

CEO

Capacity

11 APR -8 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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

INHS17 (08/05)

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