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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

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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 DR. PATRICK HERON, MD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sectl	on 605.0:15, Florida Statutes, the	undersigned,		
UPM SERVICE CORP.		, hereby resigns as		
Name of R	egistered Agent			
Registered Agent for Dr. Patric	k Heron MD, LLC			
	Name of Limited Liability Company			
Document Number, if kno				
A copy of this resignation was ma	tiled to the above listed limited liab	nility 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 fi	iled.	
	John Campurlung 12281 Significan of Resigning A	geni	128258 128258 100 8182	
If signing on behalf of an entity:			50 E	
	JOHN CAMPERLENGO GENERAL COUNSEL	· · · · · · · · · · · · · · · · · · ·		
	Capacity		1 5 1 X 1 8 1	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 (2/14)