## L30827

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: MIAMI PSYCHIATRIC MANAGEMENT CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: L30827

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IMPERATO, GABRIEL L.

(Name of Person)

**NELSON MULLINS** 

(Name of Firm/Company)

1 FINANCIAL PLAZA, SUITE 2700

(Address)

FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato at (954) 745-5223 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	607.0502(2). 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. IM	IPERATO, GABRIEL L.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	MIAMI PSYCHIATRIC MANAGEMENT CORPORATION
	(Name of Corporation)
L30827	
(Document Number, if known)	<u> </u>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Typed or Printed Name)
	(Typed or Printed Name)  SSEE C. FLORING  (Canacity)
	(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation