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Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : HODGSON RUSS LLP

Account Number: 072720000242 : (716)848-1371 Phone

Fax Number : (716)849-0349

REGISTERED AGENT RESIGNATION

CLEARPOINT HEALTH CARE, INC.

Certificate of Status	0
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8/25/2009

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, <u>HRAWG CORP.</u> (Name of Registered Agent)		
hereby resigns as Registered Agent for <u>CLEARPOINT HEALTH CARE, INC</u> (Name of Corporation)	<del>}</del> ,	
L45664 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kr	10wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which	
(Signature of Resigning Agent)	09 AUG 25 PM SECRETARY OF TALLAHASSEE, F	יין רוני (די (די (די (די (די (די (די (די (די (ד
If signing on behalf of an entity:  David M. Stark	I I: 50	_
(Typed or Printed Name)		
Vice President (Capacity)		
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/		

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

withdrawn corporation