Requester's Name TASSONE & ELER A Partnership of Professional Associations 1833 Atlantic Boulevard Jacksonville, FL. 32207

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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7	(Corporation Name)	(Document #)	00033456722 -08/29/0001038007 *****\$2.50 ******52.50
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3.	(Corporation Name)	(Document #)	000033456722 -08/03/0001082014 *****35.00 *****35.00
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	☐ Mail out ☐ Will wait	☐ Photocopy ☐	Certificate of Status
	NEW FILINGS	<u>AMENDMENTS</u>	E OF THE
	Profit	Amendment	STATE CONTRACTOR CONTR
Not for Profit Limited Liability		Resignation of R.A., Officer/Director	
		☐ Change of Registered☐ Dissolution/Withdraw	_
	☐ Domestication☐ Other	Merger	aı .
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OTHER FILINGS		REGISTRATION/QUAL	IFICATION S
	☐ Annual Report	☐ Foreign	LKN
	Fictitious Name	☐ Limited Partnership	Do maio
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 10, 2000

TASSONE & ELER 1833 ATLANTIC BLVD. JACKSONVILLE, FL 32207

SUBJECT: MEDICAL EQUITIES PARTNERS, INC.

Ref. Number: L65721

We have received your document for MEDICAL EQUITIES PARTNERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 900A00043238

RECEIVED ON 2:35 OU ANG 21 PM 2:35 INVISION OF CORPORATIONS

AUG 14 2000



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, FRANK TASSONE (Name of registered agent)			
A copy of this resignation was mai	led to the above listed corporation at its last known address.		
✓The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which		
	(Signature of resigning agent)	 	
If signing on behalf of an entity:	ASSEE. FL		
· <u></u>	(Typed or Printed Name)		
· · · · · · · · · · · · · · · · · · ·	(Capacity)	,	

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

CR2E046(7/97)