**Law Offices** 

Affegistered Limited Liability Partnership

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\*\*\*\*\*35.00

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

Resignation as Registered Agent for Physician Billing Services,

Dear Sir or Madam:

Enclosed please find (i) an original Statement of Resignation as Registered Agent for Physician Billing Services, Inc. ("Statement"), (ii) a copy of the Statement, and (iii) a check in the amount of \$35.00 in payment of the fee for filing the Statement. Please file the Statement and return a stamped copy to me.

Sincerely,

**HOLLAND & KNIGHT LLP** 

Brenda L. Jackson

Secretary to Donald W. Wallis

**Enclosures** 

JAX1-264331

## PHYSICIAN BILLING SERVICES, INC.

## STATEMENT OF RESIGNATION OF REGISTERED AGENT

Pursuant to Section 607.0502, Florida Statutes, the undersigned registered agent for Physician Billing Services, Inc., a Florida corporation, hereby resigns said position and certifies that:

- 1. The registered office is to be discontinued as a result of this resignation;
- 2. A copy hereof has been furnished to the above corporation at its principal office address;
- 3. The corporation has been advised of its obligation to maintain a registered agent in compliance with Florida law and has been provided instructions relating thereto; and
- 4. The appropriate filing fee of \$35.00 has been furnished to the State of Florida along with this statement.

In accordance with the above-referenced Statute, the undersigned will be relieved of duty as registered agent on the 31st day after the filing of this statement with the State of Florida.

DATED this 24th day of September, 1997.

Donald W. Wallis, Esquire

JAX1-269079.1

