

CT Corporation System

Requestor's Name

% Theresa Alfieri

Address

1633 Broadway

City/State/Zip

Phone #

New York, NY 10019

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

98 MAR 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

400002451374--5
-03/09/98--01160--013
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

182155
APR 26 98
3:26 PM
3/26



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 11, 1998

C T CORPORATION
% THERESA ALFIERI
1633 BROADWAY
NEW YORK, NY 10019

SUBJECT: MATTOX HEALTH CARE, INC.
Ref. Number: L82155

We have received your document for MATTOX HEALTH CARE, 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):

Our records indicate two corporations by the same name. Each corporation seems to list the same individuals as directors. Please review the enclosed printout of each corporation, then specify which corporation the resignation should be applied to.

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) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 598A00013289

APPROVED
AND
FILED

98 MAR 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

98 MAR 26 AM 11:24

DIVISION OF CORPORATIONS



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as

(name of registered agent)

Registered Agent for MATTOX HEALTH CARE, INC. **L82155**
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF Florida

A copy of this resignation was mailed to the above listed corporation at its last known address.

PO Box 10
Sallisaw, OK 74955-0010
Attn: Brent Mattox

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 26 10:40

APPROVED
AND
FILED

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Ken Alperin
SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation