

Aug 25 2009 3:19PM

Division of Corporations

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Florida Department of State

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To:

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

PIERRE COURCHESNE, M.D., P.A.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	VG CORP, (Name of Registered Agent)
hereby resigns as Registered Agent for _	PIERRE COURCHESNE, M.D., P.A.
	(Name of Corporation)
L83281 (Document Number, if known)	
1	the charge listed companyation at its last improve addition
A copy of this resignation was matted to	the above listed corporation at its last known address.
The agency is terminated and the office of this statement is filed.	liscontinued on the 31st day after the date on which
1	·
<u></u>	
(Sign	nature of Resigning Agent)
	09
If signing on hehalf of an entire	AUG AHJ
If signing on behalf of an entity:	AAR Z
	David M. Stark David M. Stark Proved or Printed Name)
	Typed or Printed Name)
	Vice President S
	Vice President
	(Capacity)

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

withdrawn corporation