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Michael H. Leeds, Esq.

BLANK ROME COMISKY & MCCAULEY LLP

Counselors at Law

1200 North Federal Highway

Suite 417

Boca Raton, Florida 33432

Phone: (561) 417-8100 • Fax: (561) 417-8101

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 900003461719--2
-11/13/00--01120--029
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2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

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☐ Pick up time

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

T. LEWIS DEC 13 2000

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

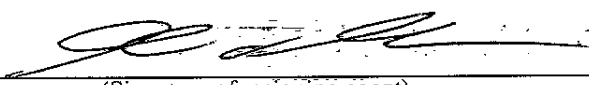
FILED
00 DEC 13 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BRCMC, INC.
(Name of registered agent)

hereby resigns as Registered Agent for Vital Care North America, L.C.
(Name of corporation)

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

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


(Signature of resigning agent)

If signing on behalf of an entity:

STEVEN A. LESSNE
(Typed or Printed Name)

ATTORNEY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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