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To: Division of Corporations
Fax Number : (850)922-4000

From: Account Name : RAPPEL & RAPPEL, P.A.
Account Number : 076043001611
Phone : (561)231-7223
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

GATEWAY MEDICAL GROUP, L.C.

Certificate of Status	0
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RAPPEL
KJG
11/23

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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, RAPPEL & RAPPEL, P.A.
(Name of registered agent)

hereby resigns as Registered Agent for GATEWAY MEDICAL GROUP, 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:

ROBERT RAPPEL, D.O., J.D.
(Typed or Printed Name)

PRESIDENT
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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