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FAX NO.

P. 01

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : SALOMON HAZDAY, JR., P.A.
Account Number : 119990000081
Phone : (305) 442-8922
Fax Number : (305) 446-5236

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2008 JUL 28 PM 12:32
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION
MEDICAL CONSULTING GROUP OF AMERICA, LLC

Certificate of Status	0
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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Salomon Hazday, Jr., P.A., hereby resigns as
(Name of Registered Agent)Registered Agent for Medical Consulting Group of America, LLC

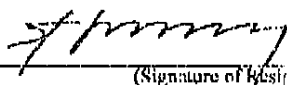
(Name of Limited Liability Company)

M08000000214

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

Salomon Hazday, Jr.

(Typed or Printed Name)

President

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32344

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