

N00000004665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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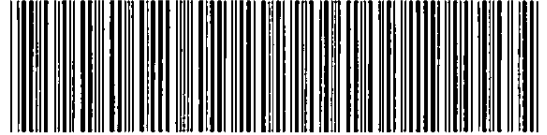
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/18/2024

NAME: PODIATRIC MEDICAL ASSURANCE OF *Florida Incorporated*

TYPE OF FILING: RESIGNATION OF RA

COST: 87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PODIATRIC MEDICAL ASSURANCE OF FLORIDA, INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: N00000004665

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark S. Block DPM

(Name of Person)

PODIATRIC MEDICAL ASSURANCE OF FLORIDA, INCORPORA
(Name of Firm/Company)

660 Glades Rd #120

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2024

FLORIDA FILING & SEARCH SERVICES

SUBJECT: PODIATRIC MEDICAL ASSURANCE OF FLORIDA,
INCORPORATED
Ref. Number: N00000004665

We have received your document for PODIATRIC MEDICAL ASSURANCE OF FLORIDA, INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete the name of the corporation on the Resignation form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00023142

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SECRETARY OF STATE
TALLAHASSEE, FL

Please keep original filing date
Thank you

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BROAD AND CASSELL

(Name of Registered Agent)

hereby resigns as Registered Agent for Podiatric Medical Assurance of Florida, Incorporated

(Name of Corporation)

N00000004665

(Document Number, if known)

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.

Janice Chasey

(Signature of Resigning Agent)

If signing on behalf of an entity:

Janice Chasey

(Typed or Printed Name)

Vice President

(Capacity)

TALLAHASSEE, FLORIDA

2024 OCT 18 AM 8:25

FILED

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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