

N02488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400070427954

04/14/06--01069--007 \*\*35.00

FILED  
06 APR 14 PM 3:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RA Resign.

04/20/06  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Health Choice, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** N02488

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:

Carla L. Brown Harward, Esquire

(Name of Person)

Carla L. Brown Harward, P.A.

(Name of Firm/Company)

105 South Narcissus Avenue, Suite 612

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla L. Brown Harward

(Name of Person)

at ( 561 ) 832-3122

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Carla L. Brown Harward and Carla L. Brown Harward  
(Name of Registered Agent) P.2  
hereby resigns as Registered Agent for Florida Health Choice, Inc.  
(Name of Corporation)

N02488

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Carla L. Brown Harward

(Typed or Printed Name)

President of Carla L. Brown Harward, P.A.

(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 14 PM 3:58

**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