

N 09000000339

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REGISTERED AGENT RESIGNATION

INTERNATIONAL MEDICAL TRAVEL ASSOCIATION (AMERICAS)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: International Medical Travel Association (Americas) Inc.
(Name of Corporation)

DOCUMENT NUMBER: N09000000339

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:

Gregory St. John

(Name of Person)

Adorno & Yoss LLP

(Name of Firm/Company)

700 South Federal Highway, Suite 200

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory St. John

(Name of Person)

at (561) 820-5599

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

cc: International Medical Travel Association Americas, Inc.
1010 Seminole Drive, Suite 811
Fort Lauderdale, Florida 33304
Attn: Steven R. Garst, M.D.

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**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, Oswaldo F. Torres, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for International Medical Travel Association (Americas)
(Name of Corporation) Inc.N09000000339

(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)

Oswaldo F. Torres, Esq.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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