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CORPORATION	NAME(S) & DOCUMENT NUMB	ER(S), (if known):		
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, 1(Corr	voration Name) (Docu	ment #)		-
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Walk in	Pick up time	Certified Copy		
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NEW FILINGS	AMENDMENTS		FILI IN 29 IARY IASSE	
Profit	Amendment		- ED 9 AM 9: 02 9 F STATE SEE, FLORIDA	• ·
NonProfit	Resignation of R.A.) Officer/Directo)F	1 9: 02 LORIDA	-
Limited Liability	Change of Registered Agent		о́т о	
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/ OUALIFICATION			
Annual Report	Foreign			-
Fictitious Name	Limited Partnership	-	1 10 1998	
Name Reservation	Reinstatement	JUL		
	Trademark	TLL		
	Other			

Examiner's Initials

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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 JOEL T. STRAWN hereby resigns as Registered Agent for EVERGLADES MEMORIAL HOSPITAL, INC.

A copy of this resignation was mailed to the above listed corporation at its last know address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

1. Am

Joel/T. Strawn

sm K:\WORK\-ERMC\19303\RESIGNAT.JTS June 3, 1998

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