N 18948

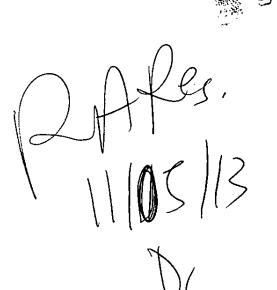
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
, ,	
(Document Number)	
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Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Memorial Medical Office Condominium Association, Inc.
000	(Name of Corporation)
DOC	UMENT NUMBER: N18948
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Rob	pert H. Pritchard
	(Name of Person)
Rog	gers Towers, P.A.
	(Name of Firm/Company)
130	1 Riverplace Drive, Suite 1500
	(Address)
Jack	ksonville, FL 32207
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Rob	ert H. Pritchard at (904) 346-5798 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(08/05)

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, Douglas A. Ward
(Name of Registered Agent)
hereby resigns as Registered Agent for MEMORIAL MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)
N18948
(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:
(Typed or Printed Name)
(Capacity) ちょう

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