

139054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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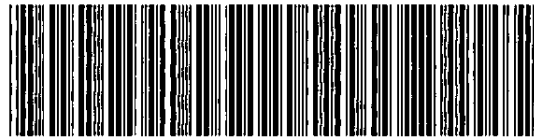
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 21 PM 3:29

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2009

LUZ S. MORIYON  
16749 NW 13 COURT  
PEMBROKE PINES, FL 33028

SUBJECT: PALM MEDICAL GROUP, INC.  
Ref. Number: N39054

We have received your document for PALM MEDICAL GROUP, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 509A00032142

RECEIVED  
DEC 21 AM 10:00  
TALLAHASSEE  
FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Palm Medical Group, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N39054

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:

Luz S. Moriyon  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

16749 NW 13 Court  
(Address)

Pembroke Pines, FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luz S. Moriyon at (954) 534-6804  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, LUZ S. MORIYON

(Name of Registered Agent)

hereby resigns as Registered Agent for

Palm Medical Group, Inc.

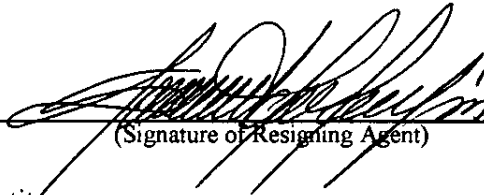
(Name of Corporation)

N39054.

(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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 21 PM 3:30

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**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**