

N95000003616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

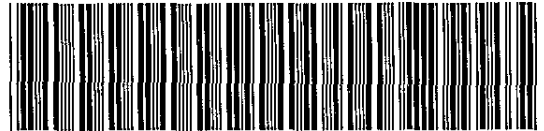
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Retreat Physician Hospital Organization, Inc  
(Name of Corporation)

DOCUMENT NUMBER: N95000003616

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:

Gisela Fasco  
(Name of Person)

Broad and Cassel  
(Name of Firm/Company)

One Biscayne Tower, 21st Floor  
2 South Biscayne Blvd.  
(Address)

miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gisela Fasco at (305) 373-9419  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
05 OCT -3 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, B&C Corporate Services, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for The Retreat Physician Hospital Organization  
(Name of Corporation) In

N95000003616  
(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.

Gisela Fasco  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Gisela Fasco  
(Typed or Printed Name)

Vice President  
(Capacity)

**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withdrawn corporation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