

DEC 23 2003

Division of Corporations

CRAZY BUCHANAN

NO. 750

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P00000017563

Florida Department of State
Division of Corporations
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((H03000341171 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CRAZY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772) 287-2600
Fax Number : (772) 287-0115

REGISTERED AGENT RESIGNATION

J.B.J. HEALTH CONCEPTS OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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FAX AUDIT NUMBER: H03000341171 3

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.B.J. HEALTH CONCEPTS OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000017563

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:

Lawrence E. Crary III, Esquire

(Name of Person)

Crary, Buchanan, Bowdish, Bowie,
Beres, Elder & Thomas Chartered

(Name of Firm/Company)

555 Colorado Avenue, Suite 1

(Address)

Stuart, Florida 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence E. Crary III

(Name of Person)

at (772) 287-2600

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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DEC.23.2003 3:57PM CRARY BUCHANAN

NO. 760 P. 3/3

FAX AUDIT NUMBER: H03000341171 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, Lawrence E. Crary III
(Name of Registered Agent)

hereby resigns as Registered Agent for J.E.J. HEALTH CONCEPTS OF FLORIDA, INC.
(Name of Corporation)

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(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.

Lawrence E. Crary III
(Signature of Resigning Agent)

If signing on behalf of an entity:

Crary, Buchanan, Bowdish, Bovie,
Beres, Elder & Thomas Chartered
(Typed or Printed Name)

Attorney (Florida Bar No. 250414)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

FAX AUDIT NUMBER: H03000341171 3

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314