## P00000022553

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(Ac	ldress)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: STRATEGIC HEALTHCOM, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P00000022553
The c	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
RA	/MOND A. McLEOD, ESQUIRE
	(Name of Person)
Mcl	EOD LAW FIRM
	(Name of Firm/Company)
48 8	EAST MAIN STREET
	(Address)
APO	DPKA, FLORIDA 32703
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
JEA	NNE CARR  at ( 407 ) 886-3300  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	used is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis Clifto 2661 Tallal	Mailing Address: Amendment Section ion of Corporations n Building Executive Center Circle hassee, 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, RAYMOND A. McLEOD, ESQUIRE
(Name of Registered Agent)
hereby resigns as Registered Agent for STRATEGIC HEALTHCOM, INC.
(Name of Corporation)
P00000022553
(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)  (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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