Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000120213 3)))



H210001202133ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Ξ.

Account Name : BARRON & REDDING, P.A.

Account Number : 073617000710

Phone : (850) 785-7454

Fax Number : (850)785-2999

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please

| Bmail | Address: |
|-------|----------|
|-------|----------|

REGISTERED AGENT RESIGNATION FERNANDO C. MALAMUD, M.D., P.A.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

MAR 26 2021 Help

•

Fax audit no. H21000120213 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of secti | ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509, |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Florida Statutes, the undersigned. | ROLAND W. KIEHN, ESQ. |
| | (Name of Registered Agent) |
| y y | FERNANDO C. MALAMUD, M.D., P.A. |
| hereby resigns as Registered Ager | (Name of Corporation) |
| P00000037343 | |
| (Document Number, if known) | |
| A copy of this resignation was ma | ailed to the above listed corporation at its last known address. |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day after the date on which |
| | |
| | - Carting the state of the stat |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| | |
| | _ |
| | (Typed or Printed Name) |
| | - 1999 1999 |
| | - |
| | (Capacity) |
| | : |
| | |
| Fee fo | or filing this document: |
| \$87.50 | U - Active Corporation |
| \$35.0 | 0 - Administratively dissolved/voluntarily dissolved/ |

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

withdrawn corporation