

P00000069798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

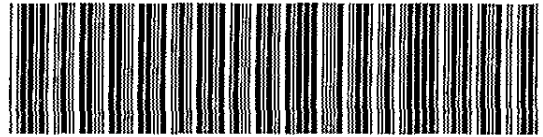
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resignation
T Lewis 12/4/03



November 26, 2003

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **AMERICAN SURGERY CENTERS OF FORT LAUDERDALE, INC.**
PHYSICIANS RESOURCE GROUP I, LTD.

Dear Filing Officer:

Enclosed please find a Resignation of Registered Office or Registered Agent or Both for Corporation and Limited Partnership, for the above referenced names, which is to be filed in your office. Also enclosed is check #5146 in the amount of \$35.00 and #5158 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copies in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN SURGERY CENTERS OF FORT LAUDERDALE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000069798

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:

Myra Simmons

(Name of Person)

Capitol Corporate Services, Inc.

(Name of Firm/Company)

800 Brazos, Suite 1100

(Address)

Austin, Texas 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Simmons

(Name of Person)

at (800) 345-4647

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E045(11/02)

Return acknowledgment to: **MES**



Capitol Corporate Services, Inc.
P.O. Box 1831 Austin, TX 78767
800.345.4647

**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, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for AMERICAN SURGERY CENTERS OF FORT LAUDERDALE, INC.

(Name of Corporation)

P00000069798

(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:

Cheryl Roberts

(Typed or Printed Name)

Asst. 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

FILED
DEC - 1 PM 3 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA