

900000112070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

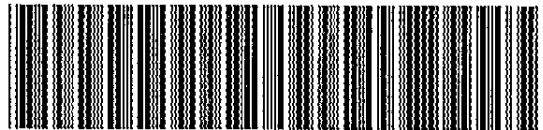
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TAMPA, FLORIDA

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388 8-15-03
AM

**BLOOM
BALLEN &
FREELING**
ATTORNEYS AT LAW

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August 8, 2003

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Medicomplaint Solutions and Legal Services, Inc.

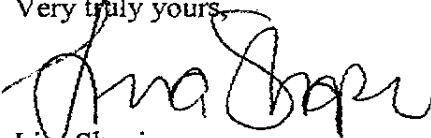
Dear Department of State:

Enclosed herewith please find an original and one (1) copy of the Resignation of Registered Agent for a Corporation to be filed together with a check made payable to Department of State in the amount of \$87.50, which represents the filing fees.

Please return to our office a stamped copy of the filed Resignation of Registered Agent for a Corporation in the enclosed self-addressed stamped envelope.

Thank you for your immediate attention herein. If you have any questions please do not hesitate to contact our office toll free at (800) 805-8305.

Very truly yours,


Lisa Shapiro
Legal Assistant

/ls
Enc.
cc: Evan Brovenick

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CLERK 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,

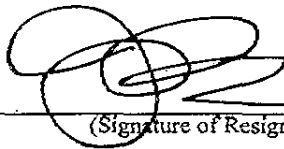
Florida Statutes, the undersigned, Jonathan Bloom, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Medicompliant Solutions and Legal Services, Inc.
(Name of Corporation)

P00000112070
(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:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**