

PD1000005436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

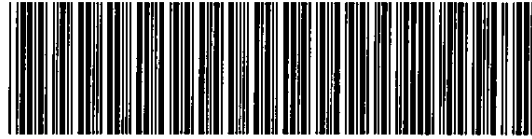
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.
yf

SHEVLIN & ATKINS

ATTORNEYS AT LAW

1111 KANE CONCOURSE

SUITE 605

BAY HARBOR ISLANDS, FLORIDA 33154

TELEPHONE (305) 868-0304

FACSIMILE (305) 868-0338

BARRY T. SHEVLIN
ANDREW S. ATKINS*

April 2, 2007

*ADMITTED IN FL AND GA

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Infomed, P.A.
Document Number: P01000005436

Dear Sir/Madam:

Enclosed please find the Resignation of Registered Agent for the above-referenced corporation, along with a check in the amount of \$87.50 representing the filing fee for same.

Should you have any questions, please contact our office.

Yours very truly,

SHEVLIN & ATKINS
Attorneys at Law

By: 

Barry T. Shevlin, Esq.

enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INFOMED, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P01000005436

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:

Barry T. Shevlin, Esq
(Name of Person)

Shevlin & Atkins
(Name of Firm/Company)

1111 Kane Concourse, Suite#605
(Address)

Bay Harbor Islands, FL 33154
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry T. Shevlin, Esq. at (305) 868-0304
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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, Barry T. Shevlin, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Infomed, P.A.

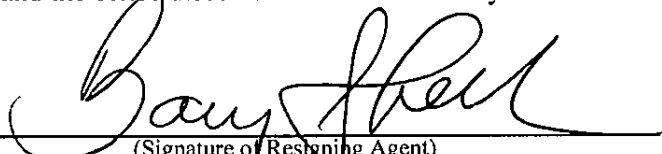
(Name of Corporation)

P01000005436

(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)

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07 APR -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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