

ATTORNEY AT LAW

PO1000006673

KATHLEEN REYNOLDS

Kathleen Reynolds, Esq.

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October 1, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Resignation of Registered Agent - Northwest Florida Medical Associates, P.A.

Dear Sir/Madam:

Enclosed please find the original Resignation of Registered Agent for the above referenced corporation. Also, enclosed is a check in the amount of \$87.50 representing the filing fee.

Thank you for your assistance in this regard. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,



KATHLEEN REYNOLDS

KR/mjp

Enclosures: a/s

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SECY OF STATE  
TALLAHASSEE, FLORIDA  
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## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Kathleen Reynolds

(Name of registered agent)

hereby resigns as Registered Agent for Northwest Florida Medical Associates, P.A.

(Name of corporation)

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 corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314