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# **COVER LETTER**

TO: Amendment Section Division of Corporations

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SUBJECT: CENTRAL FLORIDA RADIOLOGY, INC.

(Name of Corporation)

DOCUMENT NUMBER: 593698603

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:

Carol Campbell			
(Name of Person)			-
Railey, Harding & Allen, P.A.			
(Name of Firm/Company)	•		
15 N. Eola Drive		12 J	ALL
(Address)			HE A
Orlando, Florida 32801		16-PH-2:	SSEE
(City/State and Zip Code)	-	ž	
For further information concerning this matter, please call:		54 f.	ORID
Robert L. Harding407	648-9119R	5.	)A

(Name of Person)

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2012

CAROL CAMPBELL RAILEY, HARDING & ALLEN, P.A. 15 N. EOLA DR. ORLANDO, FL 32801

SUBJECT: CENTRAL FLORIDA RADIOLOGY, INC. Ref. Number: P01000012597

We have received your document for CENTRAL FLORIDA RADIOLOGY, INC. and check(s) totaling \$85.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$2.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson Document Specialist Supervisor

Letter Number: 512A00016544

Q. . . . .



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 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, Railey & Harding, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_ Central Florida Radiology, Inc.

(Name of Corporation)

#### 593698603 1000012597

(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:

pert-L. Harding - Partnen Railey & Harding, P.A.

Partner

(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

# 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, Railey & Harding, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_ Central Florida Radiology, Inc.

(Name of Corporation)

### 593698603

(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:

Railey & Harding, P.A.

(Typed or Printed Name)

Partner

(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