

PO10000040115

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FILED

03 MAY 30 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN JUN - 5 2003

P.A. Resignation

**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, ANA B. CAMPOS SIBERIO

(Name of Registered Agent)

hereby resigns as Registered Agent for UMP HEALTH PLANS ASSOCIATION & MANAGEMENT INC.

(Name of Corporation)

PO 2000040115

(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:

ANA B. CAMPOS SIBERIO

(Typed or Printed Name)

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withdrawn corporation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**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA