P0/000084626

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|-------------------|---|
| SUBJECT: Full Circle Health | Care, Ir | ncorporated |
| (1 | Name of Corpora | tion) |
| DOCUMENT NUMBER: P010000846 | 526 | |
| The enclosed Resignation of Registered Agr | ent for a Corpor | ration and fee are submitted for filing. |
| Please return all correspondence concerning | g this matter to | the following: |
| Mark Spence, M.D. | | |
| (Name of Person) | | _ |
| Full Circle Health Care | | |
| (Name of Firm/Company) | | _ |
| 1190 NW 95th Street, S | ste 306 | |
| (Address) | | _ |
| Miami, FL 33150 | | |
| (City/State and Zip Code) | | ota. |
| For further information concerning this mat | ter, please call; | |
| Mark Spence, MD | 3. (305 | 693-0000 c & Daytime Telephone Number) |
| (Name of Person) | (Area Cod | e & Daytime Telephone Number) |

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 | 7.1509, | | |
|--|---------|------------|----------|
| Florida Statutes, the undersigned. Karen B. Schapira, PLLC | | | |
| (Mark of Registered Agent) | | | |
| hereby resigns as Registered Agent for Full Circle Health Care (Name of Corporation) | , Inc | DO | wr |
| P01000084626 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation at its last kn | own ad | ldress. | |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | e on wh | nich | |
| Pho- | _ | | |
| (Signature of Resigning Agent) | | | |
| If signing on behalf of an entity: | ::. | 20 | |
| Karen B. Schapira | 2 | 2019 APR 1 | |
| (Typed or Printed Name) | | | |
| President/Owner | _ | PN 12: 34 | <u> </u> |
| (Capacity) | | <u>မှ</u> | |
| Fee for filing this document: | | | |

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

\$87.50 - Active Corporation