

PO1000085729

Requester's Name



Ms. Eleonora Rubinov
2750 Homecrest Ave. Apt. 528
Brooklyn, NY 11235

City/State/Zip

Phone #

300005637633--5
-05/29/02--01041--011
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy
☐ Certificate of State

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

CR2E031(7/97)

Examiner's Initials

CM

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA
02 JUN 14 PM 1:34

FILED

62758-0229
PO1000085729
6-14-02
388

52.50 RA Res



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 3, 2002

ELEONORA RUBINOV
2750 HOMECREST AVE - APT 528
BROOKLYN, NY 11235

SUBJECT: ALL COUNTY MEDICAL CENTER, INC.
Ref. Number: P01000085729

We have received your document for ALL COUNTY MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 502A00035821



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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, ELEONORA RUBINOV
(Name of registered agent)

hereby resigns as Registered Agent for ALL COUNTY MEDICAL CENTER, INC.
(Name of corporation)

TAX ID: 91-2151711

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]
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
02 JUN 14 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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