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DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: Bond Medical Group, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P01000104410
The en	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Geo	rge Donovan Conwell
	(Name of Person)
Conv	well Sukhia & Kirkpatrick, P.A.
	(Name of Firm/Company)
2701	N Rocky Point Drive, Suite 1200
	(Address)
Tam	pa, FL 33607
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Don (	Conwell at ( 813 ) 282-2000
	Conwell at (813 ) 282-2000 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, Fowler White Boggs Banker	
(Name of Registered Agent)	
nereby resigns as Registered Agent for Bond Medical Group, Inc.	_
(Name of Corporation)	
P01000104410	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the $31st$ day after the date his statement is filed.	on which
Suchet 2 al	
(Signature of Resigning Agent)	
f signing on behalf of an entity:	
Robert L. Olsen	ā
(Typed or Printed Name)	8 58
	SECRETARY OF STATE VISION OF CORPORATION OF CORPORATION OF STATE O
Esquire	30
(Capacity)	<b>70</b> 89
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T	<b>→</b> <del>Z</del> S

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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