

P02000013687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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02/16/06--01015--003 **87.50

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06 FEB 16 PM 12:05
CLERK OF COURT
TALLAHASSEE, FLORIDA

6/24

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

February 14, 2006

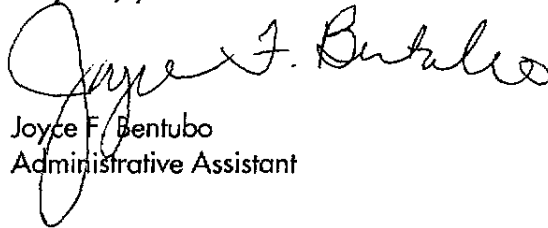
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT – ALL SAINTS SURGERY CENTER, INC.

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for All Saints Surgery Center, Inc. Also enclosed is Carlton Fields' Check No. 0385220 in the amount of \$87.50 for the filing fee.

Very truly yours,


Joyce F. Bentubo
Administrative Assistant

JFB/rpd
Enclosures

RESIGNATION OF REGISTERED AGENT

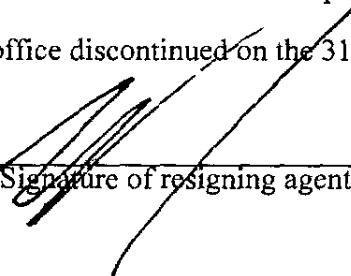
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CFRA, LLC
(Name of registered agent)

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

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:

Nathaniel L. Doliner
(Typed or Printed Name)

President
(Capacity)

FILED
06 FEB 16 PM 12:05
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

CR2E046(9/98)