

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUEPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

REGISTERED AGENT RESIGNATION

WEST COAST FAMILY MEDICAL CARE OF PALM HARBOR, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

RECEIVED

06 JAN 31 AM 8:00

DIVISION OF CORPORATIONS

06 JAN 31 AM 10:00
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TALLAHASSEE, FLORIDA

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**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, Michael T. Cronin

(Name of Registered Agent)

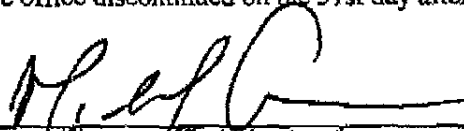
hereby resigns as Registered Agent for West Coast Family Medical Care of Palm Harbor, Inc.

(Name of Corporation)

P02000013915

(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:

(Typed or Printed Name)

(Capacity)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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