

P02000013915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

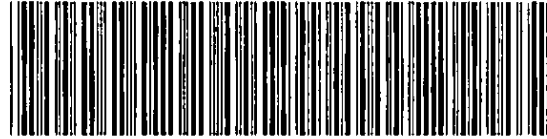
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Special Instructions to Filing Officer:

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2024 JUL 22 10:12 AM \*112.50

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2024 AUG -8 AM 10:33

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

CORPORATE  
ACCESS,  
INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/22

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING RESIGNATION OF RA

- 1. WEST COAST FAMILY MEDICAL CARE OF PALM HARBOR INC  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2024

CORPORATE ACCESS, INC.

SUBJECT: WEST COAST FAMILY MEDICAL CARE OF PALM HARBOR, INC.  
Ref. Number: P02000013915

We have received your document for WEST COAST FAMILY MEDICAL CARE OF PALM HARBOR, INC. and your check(s) totaling \$112.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LLC, but your entity is a STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 424A00016138

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CORPORATE ACCESS, INC.

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(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)

P0200000013915  
(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.

Michael T. Cronin  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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### 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