Po 20000 26276

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: RAPID CARE INFODATA, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: P02000026276
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
DEN	ISE ZOLLNER
	(Name of Person)
PARA	ACORP INCORPORATED
	(Name of Firm/Company)
640 E	BERCUT DR #A
	(Address)
SACI	RAMENTO, CA 95814
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
DENI	SE ZOLLNER at (916) 441-1001
	SE ZOLLNER at (916) 441-1001 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35.	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Divisio P.O. Bo	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

RESIGNATION OF RÉGISTERED 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, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for RAPID CARE INFODATA, INC.
(Name of Corporation)
P02000026276
(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:
DENISE ZOLLNER
(Typed or Printed Name)
ASSISTANT SECRETARY

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)