

PO2000047784

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AIA REGISTERED AGENT INC.
Account Number : T20090000032
Phone : (866) 703-8878
Fax Number : (561) 202-8082

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REGISTERED AGENT RESIGNATION

MEDICAL BILLING & RECOVERY SYSTEMS, INC.

Certificate of Status	0
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EXAMINER

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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, A1A REGISTERED AGENT INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for MEDICAL BILLING & RECOVERY SYSTEMS, INC.

(Name of Corporation)

P02000047784

(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:

TINA MAKI

(Typed or Printed Name)

PRESIDENT

(Capacity)

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withdrawn corporation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

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