

PO2000052268

(Requestor's Name)

(Address)

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GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

September 26, 2005

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

7004 2510 0001 4329 6682

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

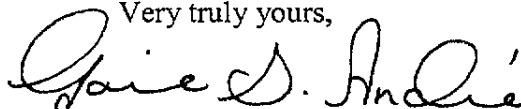
**Re: Jeffrey B. Robin, M.D., P.A.
Charter No. P02000052268**

Dear Sir/Madam:

Enclosed herewith please find the Resignation of Registered Agent for the above-referenced corporation, together with our firm's check number 176733 payable to the Florida Department of State in the amount of \$87.50 representing the filing fee.

Please file upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
James J. Hctor

GSA/cj

Enclosures

c: James J. Hctor, Esquire

RESIGNATION OF REGISTERED AGENT

I, JAMES J. HOCTOR, hereby resign as Registered Agent of **JEFFREY B. ROBIN, M.D., P.A.**, Charter No. P02000052268, whose last registered office is located at 215 North Eola Drive, Orlando Florida 32801, said resignation to be effective seven (7) days from the date hereof.

I hereby certify that on this 19th day of September, 2005, I have mailed a copy of this notice by certified mail, return receipt requested to Jeffrey B. Robin, M.D., P.A., to the corporation's principal address at 1210 S. International Parkway, #174, Lake Mary, Florida 32746.


James J. Hactor

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me
this 19th day of September, 2005
by James J. Hactor who is personally
known to me or who produced



Gail S. Andre'
MY COMMISSION # DD093977
April 14, 2006
BONDED THRU TROY FAIN INSURANCE

_____ as identification.

GAIL S. Andre'

Printed Name:

Notary Public, State of Florida

Commission Number: _____

My Commission Expires: _____

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