

PO2000060178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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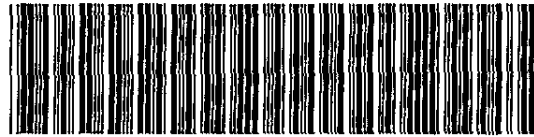
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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8-5-05  
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**NANCY G. FARAGE**

PROFESSIONAL ASSOCIATION  
ATTORNEY AT LAW

TELEPHONE: (813)221-5603  
FACSIMILE: (813)224-0102

4th Floor  
Tampa Theatre Building  
707 North Franklin Street  
Tampa, Florida 33602

POST OFFICE BOX 173027  
TAMPA, FLORIDA 33672

August 3, 2005

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

Re: MULTIMED OF FLORIDA, INC.  
Document Number: P02000060178

Gentlemen:

The enclosed Resignation of Registered Agent for the above Corporation and fee are submitted for filing. If you have any questions concerning it, please contact me.

Enclosed is my firm's check made payable to the Florida Department of State for Eighty Seven and 50/100 Dollars (\$87.50) for an active corporation for the filing fee for the Resignation.

Sincerely yours,

  
NANCY G. FARAGE

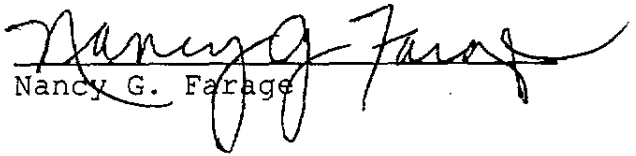
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Enclosures

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of Section 607.0502(2), the undersigned, NANCY G. FARAGE, hereby resigns as Registered Agent for MULTIMED OF FLORIDA, INC.

A copy of this resignation was mailed to the above listed corporation at its principal office address at 205 W. Busch Blvd., Suite 200, c/o Robert Clarke, Tampa, FL 33612.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Nancy G. Farage

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