

P02000080300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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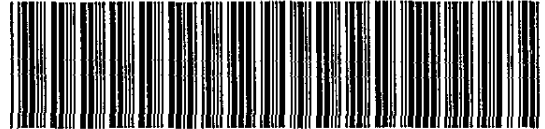
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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P02000080300  
11-7-02 RARCS  
378 CM

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL ADMINISTRATORS OF ORMOND BEACH, INC  
(Name of corporation)

**DOCUMENT NUMBER:** P02000080300

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

LISA SENTZ GUY

(Name of person)

MEDICAL ADMINISTRATORS OF ORMOND BEACH, INC

(Name of firm/company)

P.O. BOX 730353

(Address)

ORMOND BEACH, FL 32173-0353

(City/state and zip code)

For further information concerning this matter, please call:

LISA SENTZ GUY

(Name of person)

at (386 ) 566-2251

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

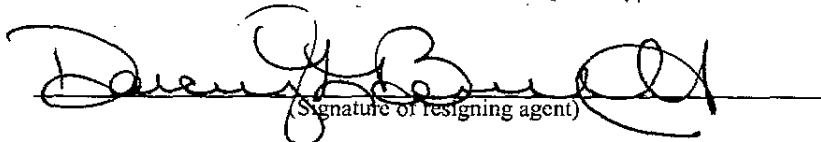
## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DARCEY L BENNETT  
(Name of registered agent)

hereby resigns as Registered Agent for MEDICAL ADMINISTRATORS OF ORMOND BEACH, INC.  
(Name of corporation)

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:

Darcey L. Bennett  
(Typed or Printed Name)

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

### **Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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