

P02000102205

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

From: Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : I20000000291
Phone : (407) 847-7466
Fax Number : (407) 847-6641

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TALLAHASSEE, FLORIDA

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Email Address: _____

**REGISTERED AGENT RESIGNATION
UNIVERSAL MEDICAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Medical, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000102205

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candy McDonah

(Name of Person)

Swart Baumruk & Company LLP

(Name of Firm/Company)

1101 Miranda Lane

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Candy McDonah

(Name of Person)

at (407) 847-7466

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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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, Swart, Baumruk & Company LLP
(Name of Registered Agent)


hereby resigns as Registered Agent for Universal Medical, Inc.
(Name of Corporation)

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(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:

Andy Baumruk
(Typed or Printed Name)

Partner
(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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