

P030000038212

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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resignation

FILED
05 NOV 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1002
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**LAZARUS
CORPORATE FILING SERVICE**

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MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CRYSTAL MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____

JUAN G. SIMON

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

CRYSTAL MEDICAL CENTER, Inc.

(Name of Corporation)

PD30000038212

(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.

Juan G. Simon

(Signature of Resigning Agent)

If signing on behalf of an entity:

JUAN G. SIMON

(Typed or Printed Name)

Registered Agent

(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withdrawn corporation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