

P03000055514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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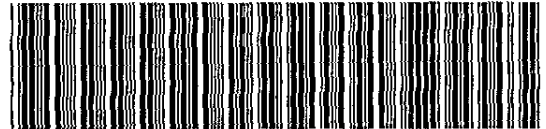
(Business Entity Name)

(Document Number)

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05 FEB 18 AM 9:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A. Resignation

T BROWN FEB 24 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH MIAMI BEACH HEALTH CENTER
(Name of Corporation)

DOCUMENT NUMBER: PG300055514

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:

Jacqueline K Gonzalez
(Name of Person)

(Name of Firm/Company)

1207 W. Las Olas #B
(Address)

Ft. Lauderdale FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Gonzalez at (954) 298-7070
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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
FOR A CORPORATION**

FILED
05 FEB 18 AM 9:34
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, Jacqueline K. Gonzalez

(Name of Registered Agent)

hereby resigns as Registered Agent for

North Miami Beach Health Center, Inc.

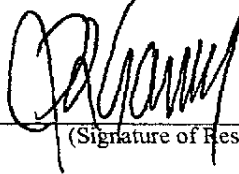
(Name of Corporation)

PO30065514

(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:

(Typed or Printed Name)

(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