

P03000055646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

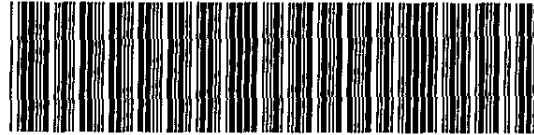
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

3/29
aa [signature] resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Technology Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000055646

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:

M. Spalinger

(Name of Person)

Business Filings Incorporated

(Name of Firm/Company)

8025 Excelsior Drive, Ste. 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

same

(Name of Person)

at (608) 827-5300

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

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

Florida Statutes, the undersigned, Business Filings Incorporated

(Name of Registered Agent)

hereby resigns as Registered Agent for Medical Technology Group, Inc.

(Name of Corporation)

P03000055646

(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.

Mark Schiff, Adp

(Signature of Resigning Agent)

If signing on behalf of an entity:

Mark Schiff

(Typed or Printed Name)

Assistant Vice President

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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**