

POB0000584 12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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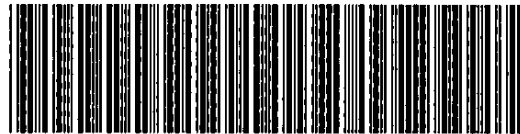
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 25 2006

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HERMELEE ♦ GEFFIN

ATTORNEYS AT LAW

September 19, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Dial Medical Dissolution

Dear Sir/Madam:

Enclosed is the Resignation of Registered Agent for a Corporation with the requisite fee for Dial Medical Rehab, Inc. which was recently administratively dissolved.

Should you require any additional information, please let me know.

Thank you.

Sincerely,



Brenda S. Wolcott-Kelly
for on behalf of Lynn L. Audie, Esq.

/bwk

Enclosures

cc: Arnolando Lorenzo, DC

**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, Arnoldo Lorenzo DC

(Name of Registered Agent)

hereby resigns as Registered Agent for Dial Medical Rehab, Inc.

(Name of Corporation)

(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:

Arnoldo Lorenzo

(Typed or Printed Name)

President

(Capacity)

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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withdrawn corporation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