

P03000113779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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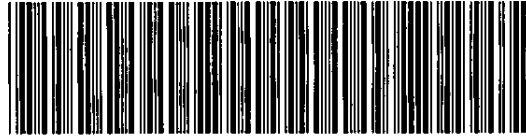
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ra Resignation
(active)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kissimmee Medical Specialties, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P03000113779

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:

Edward M Flores

(Name of Person)

Kissimmee Medical Specialties, P.A.

(Name of Firm/Company)

701 E Oak street suite A

(Address)

Kissimmee, FL, 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

Gustavo Camargo

(Name of Person)

at (407) 616 0482

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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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15 APR 14 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2015

EDWARD M FLORES
KISSIMME MEDICAL SPECIALITIES, P.A.
701 E OAK STREET, SUITE A
KISSIMMEE, FL 34744

SUBJECT: KISSIMMEE MEDICAL SPECIALTIES, P.A.
Ref. Number: P03000113779

We have received your document for KISSIMMEE MEDICAL SPECIALTIES, P.A. and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 315A00000424

**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, Edward M Flores

(Name of Registered Agent)

hereby resigns as Registered Agent for Kissimmee Medical Specialties P.A.

(Name of Corporation)

P03000113779

(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)

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TALLAHASSEE
SECRET

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**