

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

FILED
07 OCT -9 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION**RELIABLE MEDICAL BILLING SOLUTIONS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$87.50 |

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FA Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RELIABLE MEDICAL BILLING SOLUTIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000040849

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:

SHIRLEY A. BROWN, PARALEGAL
(Name of Person)

FARR, FARR, EMERICH, HACKETT AND CARR, P.
(Name of Firm/Company)

99 NESBIT STREET
(Address)

PUNTA GORDA, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY A. BROWN at (941) 639-1158
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
07 OCT -9 AM 9:58
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, DAVID A. HOLMES

(Name of Registered Agent)

hereby resigns as Registered Agent for RELIABLE MEDICAL BILLING SOLUTIONS, INC.

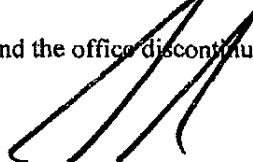
(Name of Corporation)

P04000040849

(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