FO4000085572

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(((H11000092724 3)))

H110000927243ABC-

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

From:
          Account Name    : REZNICSEK,FRASER,HASTINGS,WHITE & SHAFFER,PA.
          Account Number  : I20030000107
          Phone           : (904)567-1060
          Fax Number      : (904)567-1065

     **Enter the email address for this business entity to be used for future
        annual report mailings. Enter only one email address please.**

        Email Address:_____
```

REGISTERED AGENT RESIGNATION
JACKSONVILLE FOOT HEALTH CENTER, INC.

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT
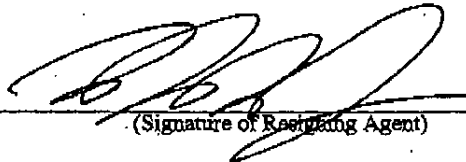## FOR A CORPORATION

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

Florida Statutes, the undersigned, __Reznicsek, Fraser, Hastings, White & Shaffer, P.A.__

(Name of Registered Agent)

hereby resigns as Registered Agent for __Jacksonville Foot Health Center, Inc.__,

(Name of Corporation)

__P04000085572__

(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:

__Thomas J. Fraser, Jr.__

(Typed or Printed Name)

__CEO__

(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withdrawn corporation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