

Florida Department of State  
Division of Corporations  
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**P04000107916**

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

From:  
Account Name : BAKER & HOSTETLER LLP  
Account Number : I19990000077  
Phone : (407)649-4016  
Fax Number : (407)841-0168

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**REGISTERED AGENT RESIGNATION  
NORTH BAY SURGICAL ASSOCIATES, P.A.**

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MAR 24 2023

K. Brumbley

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Bay Surgical Associates, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000107916

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:

Evelyn Rodriguez  
(Name of Person)

Baker & Hostetler, LLP  
(Name of Firm/Company)

200 S. Orange Avenue, SUITE 2300  
(Address)

Orlando, Florida 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Rodriguez at ( 407 ) 649-4071  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

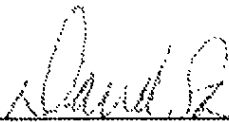
Florida Statutes, the undersigned, David L. Schick  
(Name of Registered Agent)

hereby resigns as Registered Agent for North Bay Surgical Associates, P.A.  
(Name of Corporation)

P04000107916  
(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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**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