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UBJECT: Lora Lee Brown, M.D.,	(Name of Corporation)
OOCUMENT NUMBER: P050000055	· · · · · · · · · · · · · · · · · · ·
he enclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing
Please return all correspondence concernin	ng this matter to the following:
n A las a Bash	
R. Andrew Rock (Name of Person)	
,	
Buchanan Ingersoll and Rooney	
(Name of Firm/Company)	
	20
401 E. Jackson, Street, Suite 250 (Address)	<u>J0</u>
(2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (
Tampa, Florida 33602	•
- (City/State and Zip Code)	
For further information concerning this ma	atter, please call:
_	•
R. Andrew Rock (Name of Person)	at (<u>813</u>) <u>222–8186</u> (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

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

FILED

RESIGNATION OF REGISTERED AGENUM 19 AM 2: 11 FOR A CORPORATION SECRETARY DE UNE

TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, R. Andrew Rock (Name of Registered Agent)
Lora Lee Brown, M.D., P.A.
(Name of Corporation)
~ Poso0005557
(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)
(Olgimiare of Roofgining Pagent)
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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