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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION TALLAHASSEF, EL GATE

| Pursuant to the provisions of sections | 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|--|--|--|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | |
| | MD MEDICARE CHOICE, INC. (FL. DOM.) | |
| hereby resigns as Registered Agent for | (Name of Corporation) | |
| P05000022853 | | |
| (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 this statement is filed. | ce discontinued on the 31st day after the date on which | |
| M | alf_ | |
| (1 | Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| C T CORPORA | ATION SYSTEM - THERESA ALFIERI | |
| | (Typed or Printed Name) | |
| A | ASSISTANT SECRETARY | |
| | (Capacity) | |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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Division of Corporations
P.O. Box 6327
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