

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*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**  
**BAIZAN MEDICAL EQUIPMENT INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SEP 06 2017

**S. YOUNG**  
**S. YOUNG**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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17 AUG 25 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H17000229510

**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, Marquez & Marcelo-Robaina, P.A.  
(Name of Registered Agent)

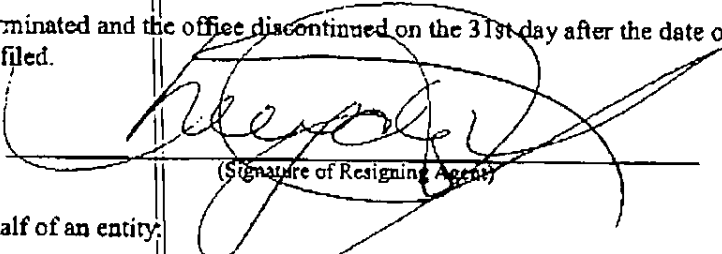
hereby resigns as Registered Agent for BAZAIN Medical Equipment Inc.  
(Name of Corporation)

P05000028144

(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:

Magda Marcelo-Robaina

(Typed or Printed Name)

President

(Capacity)

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TALLAHASSEE, FLORIDA

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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withdrawn corporation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

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