P05000052499

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
| (Address) | | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Ra Rosignation

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|---------|----------|-----------------------------------|
| SUBJECT: KEY WEST URGENT CARE, INC. | _ | | |
| (Name of Corporation) DOCUMENT NUMBER: P05000052499 | _ | | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for | filing. | ı | |
| Please return all correspondence concerning this matter to the following: | | | |
| Teresa A. Hehe (Name of Person) | | | |
| Key West Urgent Care, Inc. (Name of Firm/Company) | SECI | 15 AP | أماسم |
| 1501 Government Rd. | AHA 20 | PR - 0 | 4 } marsu; 35 mars 454 4 |
| (Address) Key West, FL 33040 (City/State and Zip Code) | | PH 2: 48 | |
| For further information concerning this matter, please call: | | _ | |
| Teresa A. Hehe (Name of Person) at (305) 304-1008 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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, Janet L. VanTuyl |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Key West Urgent Care, Inc. |
| (Name of Corporation) |
| P05000052499 |
| (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: |
| Janet L. VanTuyl |
| (Typed or Printed Name) |
| |
| Registered Agent |
| (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