

P05000070909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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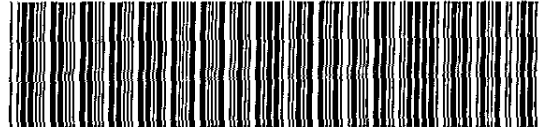
(Business Entity Name)

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TALLAHASSEE, FLORIDA

6-20-05
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diagnostic Sports & Rehabilitation Medicine, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000070909

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:

Serge Pierre-Louis, M.D.

(Name of Person)

Diagnostic Sports & Rehabilitation Medicine, P.A.

(Name of Firm/Company)

6500 West Colonial Drive, Suite A

(Address)

Orlando, Florida 32818

(City/State and Zip Code)

For further information concerning this matter, please call:

Serge Pierre-Louis, M.D.

(Name of Person)

at (917) 748-9368

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**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, George F. Indest III, P.A.-The Health Law Firm
(Name of Registered Agent)
hereby resigns as Registered Agent for Diagnostic Sports&Rehabilitation Medicine, P.A.
(Name of Corporation)

P05000070909

(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.

George F. Indest III, President 6/16/2005
(Signature of Resigning Agent)

If signing on behalf of an entity:

George F. Indest III, P.A. - The Health Law Firm

(Typed or Printed Name)

Registered Agent

(Capacity)

05 JUN 20 PM 3:00
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TALLAHASSEE, FLORIDA

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