

To:

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2024-07-02 10:45:30 PDT

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From: Anuj Mahajan

7/2/24, 11:10 PM

**POC 000104886**

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*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  
RIVER CITY MEDICAL ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$87.50

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## 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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for RIVER CITY MEDICAL ASSOCIATES, INC.

(Name of Corporation)

P06000104886

(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.

Nancy Helm-Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

Nancy Helm Brown

(Typed or Printed Name)

Assistant Secretary

(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withdrawn corporation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

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