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SECRETARY OF STATE
BIVISION OF CORPORATIONS

Res 10 13011

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hysony Surgical Associates P.A. (Name of Corporation)
DOCUMENT NUMBER: PU700017440
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:
(Name of Person)
Hysona Surgical Associates P.A. (Name of Firm/Company)
510 Bunkers Cove Rol. (Address)
Panama City FL 32401 (City/State and Zip Code)
For further information concerning this matter, please call:
Rebecca Hysong at (352) 638-5887 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



June 22, 2011

REBECCA HYSONG HYSONG SURGICAL ASSOCIATES, P.A. 510 BUNKERS COVE RD PANAMA CITY, FL 32401

SUBJECT: HYSONG SURGICAL ASSOCIATES, P.A.

Ref. Number: P07000017440

We have received your document for HYSONG SURGICAL ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 111A00015194

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, Rebecca S. Hysona (Name of Registered Agent)
hereby resigns as Registered Agent for Hysona Surgical Associotes, P.A., (Name/of Corporation)
P070000 17440
(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.
Relientrance
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name)
(Capacity) (Capacity) (Capacity) (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