P0700383

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
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COVER LETTER

Division of Cor				
SUBJECT: CARE	OLOGY (ON-CALL	SERVICE, INC	•
		(Name of Corporat	ion)	_
DOCUMENT NUMB	ER: P0700006	1882		
The enclosed Resignat	ion of Registered A	gent for a Corpor	ation and fee are submitted	for filing.
Please return all corres	pondence concerni	ng this matter to t	he following:	
Charles Gar	nble			
((Name of Person)		-	
K&L Gates L	LP			
(Nai	me of Firm/Company)	<u>-</u>	
200 S. Bisca	yne Blvd., S	Suite 3900	1	
	(Address)		_	
Miami, FL 33	3131			
(Cit	y/State and Zip Code)	-	
For further information	concerning this m	atter, please call:		
Charles Gar	nble	_{at} (305	539-3307	
(Name	of Person)	(Area Code	e & Daytime Telephone Number	er)
Enclosed is a check ma or \$35.00 for an admin	ade payable to the Faistratively dissolve	Florida Departmer d, voluntarily diss	nt of State for \$87.50 for an solved or withdrawn corpora	active corporation.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, William J. Spratt, Jr.
(Name of Registered Agent)
hereby resigns as Registered Agent for CARDIOLOGY ON-CALL SERVICE, INC.
(Name of Corporation)
P07000061882
(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: (Typed or Printed Name)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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