Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000109369 3)))



H230001093693ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4016 Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addre	ess:		

REGISTERED AGENT RESIGNATION SVETLANA A. CASCIO, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 4 2023

K. Brumbley

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:Svetlana A. Cascio, M.D., P.A.	
(Name o	of Corporation)
DOCUMENT NUMBER: P09000097524	
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Evelyn Rodriguez	
(Name of Person)	
Baker & Hostetler, LLP	
(Name of Firm/Company)	
200 S. Orange Avenue, SUITE 2300	
(Address)	
Orlando, Florida 32801	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease cali:
Evelyn Rodriguez	407 649-4071 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned,	David I Sebiek			
	(Name of Registered Agent)			
hereby resigns as Registered Agen	t for Svetima A. Cascio, M.D., P.A. (Name of Corporation)			
moroog coments an reagine order region	(Name of Corporation)			
PD9000097524				
(Document Number, if known)				
A copy of this resignation was ma	iled to the above listed corporation at its last known address.			
this statement is filed.	Office discontinued on the 31st day after the date on which (Signature of Resigning Agent)			
	(Signiture of Resigning Agent)			
If signing on behalf of an entity:	(Typed or Printed Rame)			
	(Typed or Printed Rame) 23 PH 5			
	(Capacity)			
	C			

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