

P10000002919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

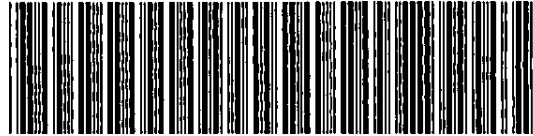
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

not enough \$

Office Use Only



900269140609

02/17/15--01041--004 **35.00

03/02/15--01009--007 **52.50

FILED
15 MAR -2 AM 9:01
TALLAHASSEE, FLORIDA

R/ARes

MAR 09 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2015

TENESA JACKSON GILBERT
18423 NW 13TH ST
PEMBROKE PINES, FL 33029

SUBJECT: QUIK CLINIC MEDICAL CENTER, INC
Ref. Number: P10000002919

We have received your document for QUIK CLINIC MEDICAL CENTER, INC 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 file a resignation of registered agent for an active corporation is \$87.50. Therefore, an additional fee of \$52.50 is due.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 515A00003650

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quik Clinic Medical Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 1000000 2919

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:

Tenesa Jackson Gilbert
(Name of Person)

Quik Clinic Medical Center
(Name of Firm/Company)

18423 N.W. 13th Street
(Address)

Pembroke Pines, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Tenesa Jackson Gilbert at 954 295-6036
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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,

Teresa Jackson Gilbert
(Name of Registered Agent)

hereby resigns as Registered Agent for

Quik Clinic Medical Center, F
(Name of Corporation)

P10000002919

(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.

Teresa Jackson Gilbert
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
15 MAR -2 AM 9:01
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