

P100000096999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

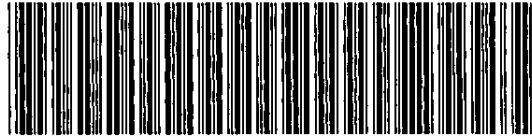
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800242227988

*Resignation  
of RA*

12/21/12--01019--018 \*\*87.50

FILED  
2012 DEC 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Doc  
12/28/12*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physical Medicine of South Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000096999

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:

Karen Murdoch  
(Name of Person)

Practice Results  
(Name of Firm/Company)

398 Camino Gardens Blvd., Ste. 102  
(Address)

Boca Raton, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Murdoch at ( 561 ) 392-3341  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED  
2012 DEC 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
607.1509

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 617.1509,

Florida Statutes, the undersigned, Pierre Marie Augustin  
(Name of Registered Agent)

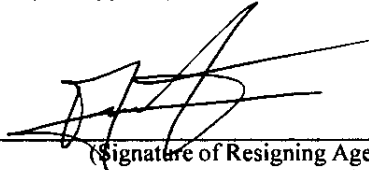
hereby resigns as Registered Agent for Physical Medicine of South Florida, Inc.  
(Name of Corporation)

P10000096999

(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**