

P110000 11519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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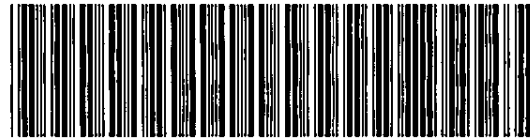
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
14 FEB 13 PM 2:08

RA Resign

FEB 14 2014  
T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRI-COUNTY PREMIER MEDICAL CENTER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P1100011519

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:

**KING K YEOTAN**

(Name of Person)

**TRI-COUNTY PREMIER MEDICAL CENTER INC**

(Name of Firm/Company)

**3490 EAST LAKE ROAD #C**

(Address)

**PALM HARBOR FL 34685**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KING K YEOTAN** at **813 3775464**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT** 14 FEB 13 PH 2:08  
**FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, KING K YEOTAN

(Name of Registered Agent)

hereby resigns as Registered Agent for TRI-COUNTY PREMIER MEDICAL CENTER INC

(Name of Corporation)

P11000011519

(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)

2/12/2014

If signing on behalf of an entity:

KING K YEOTAN

(Typed or Printed Name)

REGISTERED AGENT

(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