

P110000019731

(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



600215142496

12/15/11--01018--001 \*\*87.50

FILED  
10 DEC 15 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NA Design  
Trevi  
12-15-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA FAMILY HEALTHCARE CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000019731

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:

MR. ANTHONY PARADYSE

(Name of Person)

FLORIDA FAMILY HEALTHCARE CORPORATION

(Name of Firm/Company)

80 SPRING VISTA DRIVE, SUITE 100

(Address)

DEBARY, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

MR. ANTHONY PARADYSE

(Name of Person)

at ( 386 ) 320-0371

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
10 DEC 15 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JOSEPH BUFFALINO

(Name of Registered Agent)

hereby resigns as Registered Agent for Florida Family Healthcare Corporation

(Name of Corporation)

P11000019731

(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.

Joseph Buffalino  
(Signature of Resigning Agent)

If signing on behalf of an entity:

JOSEPH BUFFALINO  
(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