

PI10000056646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

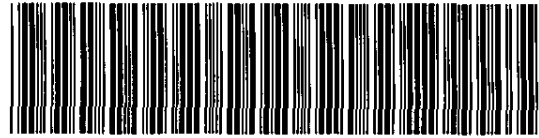
(Business Entity Name)

(Document Number)

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10/17/11--01034--009 **87.50

Resignation
86 RA

FILED
2011 OCT 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

86 RA
10/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIVINE FAMILY MEDICAL CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000056646

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:

CLAUDE B ROMULUS, MD

(Name of Person)

(Name of Firm/Company)

6211 SW 32ND STREET

(Address)

MIRAMAR, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

GINA ROMULUS

(Name of Person)

at (954) 6651993

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 607.1509, Florida Statutes, the undersigned, CLAUDE B ROMULUS, MD

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Registered Agent)

hereby resigns as Registered Agent for DIVINE FAMILY MEDICAL CENTER, INC

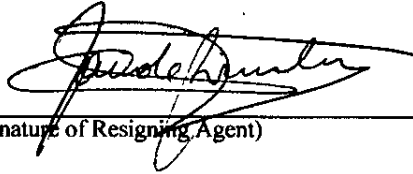
(Name of Corporation)

P11000056646

(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**