

Florida Department of State

Division of Corperations Electronic Filing Cover Sheet

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Division of Corporations

fax Number : (850)617-6380

MAY 26 2015

From:

R WHITE

Account Name : CARLTON FIELDS Account Number: 076017000355

: (813)223-7000 Fax Number : (813)229-4133

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION INTERNAL PATIENT TRANSPORT SERVICES, INC.

Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00

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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, CFRA LLC				
(Name of Registered Agent)				
hereby resigns as Registered Agent for INTERNAL PATIENT TRANSPORT SERV	ICES	3, INC.		
(Name of Corporation)				
P11000075693				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its last known	wn a	address.		
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on v	vhich		
(Signature of Resigning Agent)				
If signing on behalf of an entity:	i. Ç		Ğ	
Joyce F. Bentubo		D	<u>;</u>	
(Typed or Printed Name)		<i>-</i> 27	2	
•		Ĭ:	7.3	٠.
Secretary		1		1
(Capacity)		<u> </u>		*****
		<u>;</u> . •	57	
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved	ed/			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

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