

P110000 95490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

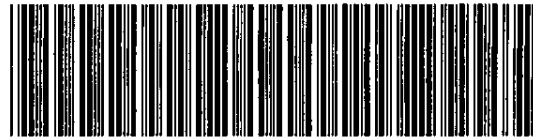
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA Resign.

02-19-13

De

From The Desk of Dr. Glenn D. Berger

February 12, 13

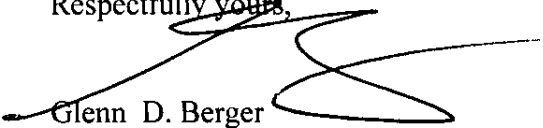
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Removal of Registered Agent
Document: P11000095490

To Whom It May Concern:

I am submitting an additional \$52.50 for removal of my name as a Registered Agent from Lantana Medical Center, Inc. I had submitted \$35 prior. I was told that a letter was sent out to my residence. However I am out of town for a few months and unable to receive any mail.. Please see attached new form with the additional monies due. If you have any questions please do not hesitate to contact me by phone (561) 504-9566. Thank you

Respectfully yours,



Glenn D. Berger
(561) 504-9566

6199 NW 31st Court, Boca Raton, Florida 33496

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lantana Medical Center, Inc
(Name of Corporation)

DOCUMENT NUMBER: P11000095490

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:

Glenn Berger

(Name of Person)

(Name of Firm/Company)

6199 NW 31st Court

(Address)

Boca Raton, Florida 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Berger

(Name of Person)

at (561) 504-9566

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

(Name of Registered Agent)

hereby resigns as Registered Agent for Lantana Medical Center, Inc

(Name of Corporation)

P11000095490

(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**

FILED
13 FEB 15 PM 1:21
FLORIDA DEPARTMENT OF STATE