P12000020707

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	•
Certified Copies	s Certificates of Status	
Special Instructions to	Filing Officer:	
·		

Office Use Only



000235550550

05/30/12--01024--004 **122.50

12 HAY 30 PM 3: 44

RAIRES 100/1/12

COVER LETTER

(Name of Corporation) DOCUMENT NUMBER: P12000020707	
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:	guilli for Dominions
FREDRIC DURHAM	
(Name of Person)	·
DOCTORS TV NETWORK INC	
(Name of Firm/Company)	
1125 NE 125TH ST #101	
(Address)	
NORTH MIAMI, FL 33161	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
FREDRIC DURHAM at (305) 892 893	4
(Name of Person) (Area Code & Daytime Telepl	none 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ALEXANDER J MARCHANT
(Name of Registered Agent)
hereby resigns as Registered Agent for DOCTORS TV NETWORK INC.
(Name of Corporation)
P12000020707
(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:
THE SECTION OF THE SE
(Typed or Printed Name) (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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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