

P12000057999

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13 APR 17 PM 2:29

R.A. Res.

APR 23 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CCS Florida Medical Services, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000057999

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:

**Kathy Powell**

(Name of Person)

**Correct Care Solutions, LLC**

(Name of Firm/Company)

**1283 Murfreesboro Pike, Suite 500**

(Address)

**Nashville, TN 37217**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kathy Powell**

(Name of Person)

at ( **615** ) **815-2794**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 17 PM 2:29

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, American Safety Council, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for CCS Florida Medical Services, P.A.

(Name of Corporation)

P12000057999

(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.

Denise Barton

(Signature of Resigning Agent)

If signing on behalf of an entity:

Denise Barton

(Typed or Printed Name)

Authorized Representative

(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withdrawn corporation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**