

P12000071460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : I20140000108
Phone : (914) 949-9188
Fax Number : (914) 949-9618

10/8/20
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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
HEALTH PROVIDER NETWORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

2020/10/06 10:43:10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH PROVIDER NETWORK, INC

(Name of Corporation)

DOCUMENT NUMBER: P12000071460

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:

Nina Tarowsky

(Name of Person)

United Corporate Services, Inc.

(Name of Firm/Company)

10 Bank St. Ste. 560

(Address)

White Plains, NY 10606

(City/State and Zip Code)

For further information concerning this matter, please call:

Nina Tarowsky

(Name of Person) at (914) 949-9188
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-10-06 11:04

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, United Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTH PROVIDER NETWORK, INC

(Name of Corporation)

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(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.

United Corporate Services, Inc.

BY: Michael A. Barr

(Signature of Resigning Agent)

If signing on behalf of an entity:

Michael A. Barr

(Typed or Printed Name)

President

(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