P12 000079743

Florida Department of State
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To:
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        Fax Number      : (850)617-6380

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        Account Name    : FOWLER, WHITE 2
        Account Number  : I19990000148
        Phone           : (813)769-7692
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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.

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REGISTERED AGENT RESIGNATION
NORTH FLORIDA HEALTH SERVICES HOLDINGS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$35.00

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RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

TALLAHASSEE, FLORIDA

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

FOWLER WHITE BOGGS PA

hereby resigns as Registered Agent for **NORTH FLORIDA HEALTH SERVICES HOLDINGS, INC.**

P12000079743
(Document Number)

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:

FOWLER WHITE BOGGS PA c/o Kondra L. Gauguoh
(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withdrawn corporation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

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