

3/23/2023 4:52:18 PM
3/22/23, 2:17 PM

Rodriguez, Evelyn D. Baker Hostetler
Division of Corporations

Page 1

P13 000094575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000108733 3))



H23000108733ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4016
Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2023 MAR 24 PM 3:53

RECEIVED

2023 MAR 24 AM 10:05

DEPT. OF STATE
DIVISION OF CORPORATIONS
TELEPHONE

REGISTERED AGENT RESIGNATION
HILLCREST DERMATOLOGY AND PLASTIC SURGERY, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hillcrest Dermatology and Plastic Surgery, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P13000094573

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:

Evelyn Rodriguez

(Name of Person)

Baker & Hostetler, LLP

(Name of Firm/Company)

200 S. Orange Avenue, SUITE 2300

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Rodriguez

(Name of Person)

at (407) 649-4071
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, David L. Schick

(Name of Registered Agent)

hereby resigns as Registered Agent for Hillcrest Dermatology and Plastic Surgery, P.A.

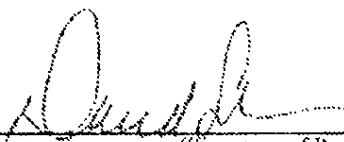
(Name of Corporation)

PI3000094573

(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