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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION TROPICAL MEDICAL CENTER INC

Certificate of Status	0
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Page Count	02
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R.A.
JUL 17 2015
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TALLAHASSEE, FLORIDA

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**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, ANGEL E. RICO

(Name of Registered Agent)

hereby resigns as Registered Agent for TROPICAL MEDICAL CENTER INC

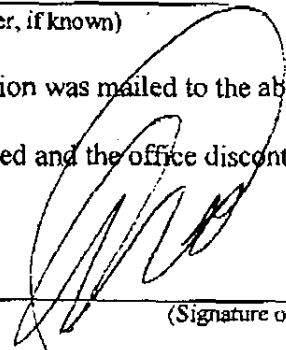
(Name of Corporation)

P15000051057

(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:

Angel E. Rico MD

(Typed or Printed Name)

7/16/15

TALLAHASSEE, FLORIDA

15 JUL 16 AM 9:11

(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withdrawn corporation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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