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## REGISTERED AGENT RESIGNATION TROPICAL MEDICAL CENTER INC

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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, JUAN JESUS SALINA MD.  (Name of Registered Agent)
Florida Statutes, the undersigned, JUAN JESUS SALINA MD.  (Name of Registered Agent)  hereby resigns as Registered Agent for TROPICAL MEDICAL CENTER INC.  (Name of Corporation)
P 15 000051057 (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:
Juan Jesus Saling MD  (Typed or Printed Name)
REGISTERED AGENT (Capacity)  Fee for filing this document:
U
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for filing this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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