

# P15000052101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

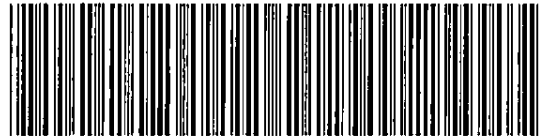
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fox Medical Center  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000052101

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:

\_\_\_\_\_  
(Name of Person)

Fox Medical / Justwell  
(Name of Firm/Company)

10860 SW 88 street  
(Address)

Miami FL 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at ( 305 ) 595-1300  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED  
2024 NOV 22 PM 4:56  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Kevin B. Fox  
(Name of Registered Agent)

hereby resigns as Registered Agent for FOX MEDICAL CENTER, INC.  
(Name of Corporation)

P15000052101  
(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:

KEVIN B. FOX  
(Typed or Printed Name)

Individually  
(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withdrawn corporation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