

P19000000331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

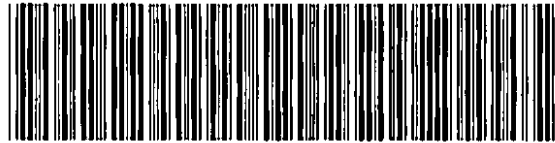
(Business Entity Name)

(Document Number)

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CLERK OF STATE
JESSIE FL

CLERK
JAN 25 2021

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/21/21

NAME: GLOBAL MEDICAL FACILITATORS INC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 85.00 (PREVIOUSLY SUBMITTED)

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2021

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: GLOBAL MEDICAL FACILITATORS, INC.
Ref. Number: P19000000331

We have received your document for GLOBAL MEDICAL FACILITATORS, INC. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 021A00001357

**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, Florida Filing & Search Svcs. Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for Global Medical Facilitators, Inc
(Name of Corporation)

P19000000331
(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.

Abbie Hodge
(Signature of Resigning Agent)

If signing on behalf of an entity:

Abbie Hodge
(Typed or Printed Name)

SR. Vice President
(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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2021 JAN 22 AM 10:05
TALLAHASSEE, FL
DIVISION OF STATE