

1/17/24, 1:13 AM

Division of Corporations

Florida Department of State
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION SUPURVA HEALTHCARE GROUP, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

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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, NRAI SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for SUPURVA HEALTHCARE GROUP, INC.

(Name of Corporation)

P23000007728

(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.

Nancy Helm-Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

NANCY HELM-BROWN

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn corporation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