

12/9/24 11:35AM

Division of Corporations

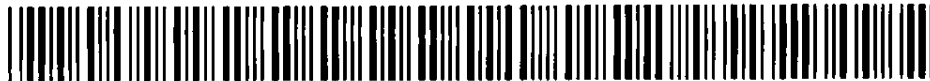
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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2024 DEC -9 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

**REGISTERED AGENT RESIGNATION  
IMPACT HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Impact Health Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P23000036457

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:

Erika A. Easter  
(Name of Person)

eResidentAgent, Inc.  
(Name of Firm/Company)

228 Park Ave S, PMB 50845  
(Address)

New York, NY 10003  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erika A. Easter at ( 310 ) 820-1000  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE  
TALLAHASSEE, FL

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

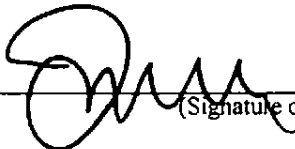
Florida Statutes, the undersigned, eResidentAgent, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Impact Health Services, Inc.  
(Name of Corporation)

P23000036457  
(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:

Jeffrey A. Unger  
(Typed or Printed Name)

President of eResidentAgent, Inc.  
(Capacity)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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FILED

### 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