

P93000025070

CT Corp. System

Requestor's Name

1633 Broadway

Address

New York, NY 10019

City/State/Zip

Phone #

(212) 246-5070

200002162092--5

-05/01/97--01076--1116

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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97 MAY -1 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Florida Department of State, Jim Smith, Secretary of State

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97 MAY -1 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)

Registered Agent for TRAUMA SURGEONS, P.A.

(name of corporation)

FLORIDA

ORGANIZED UNDER THE LAWS OF THE STATE OF \_\_\_\_\_

A copy of this resignation was mailed to the above listed corporation at its last known address.

c/o Jorge J. Bustamonte, M.D.

450 Australian Ave., Suite TE450

c/o Edward Marod, P.A. , West Palm Beach, Fl. 33402

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

*Shen Alfieri*  
SIGNATURE  
ASSISTANT SECRETARY

#### FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation