## P93000054024

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
, (C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(В	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		

Office Use Only



400067141054

\$\$\$2,54,646 BTB25 BBS \*\*\*\*\*\*\*\*\*\*\*

DIVISION OF CORPORATIONS

RA Resig.

## **CT** CORPORATION

March 3, 2006

RE: BALTIMORE AMERICAN MORTGAGE

CORPORATION, INC. (MD. DOM.)
BURRIS LOGISTICS, INC. (DE. DOM.)
OCSAP LTD. COMPANY (ME. DOM.)

PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.

(FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir/Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation(s). Also enclosed is 1 check in the amount of \$350.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (nj)

Theresa Alfieri Assistant Secretary

TA:nj
Enclosure
RPP
111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

FILED
DIVISION OF CORPORATIONS

## RESIGNATION OF REGISTERED AGENT<sup>MAR | 0</sup> AM | |: 5 | FOR A CORPORATION

Pursuant to the prov	visions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the u	undersigned,	C T CORPORATION SYSTEM	
•	ŭ / <del></del>	(Name of Registered Agent)	
hereby resigns as R	egistered Agent for	PEDIATRIC CONSULTANTS OF BROWARI  COUNTY INC (Name of Corporation)	<b>)</b>
P9300005	54024	, , , , , , , , , , , , , , , , , , ,	
(Document Nu	umber, if known)		
A copy of this resig	nation was mailed	to the above listed corporation at its last know	n address.
The agency is termithis statement is file	ed.	ce discontinued on the 31st day after the date of	n which
		Signature of Resigning Agent)	
If signing on behalf	of an entity:		
	C T CORPORA	ATION SYSTEM - THERESA ALFIERI	
		(Typed or Printed Name)	
_	A	SSISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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