## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001517603)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: AKERMAN SENTERFITT - TAMPA Account Name

Account Number : I20000000249 Phone

: (813)223-7333

Fax Number

: (813)223-2837

## REGISTERED AGENT RESIGNATION

COLIN S. BEACH, M.D., P.A.

Certificate of Status	I
Certified Copy	G
Page Count	02
Estimated Charge	\$96.25

Electronic Wiling Manu-

Composate Filing.

Public Accass Halp

(((H050001517603)))

https://efile.sunbiz.org/scripts/efilcovr.exe

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _ Wi	lliam Kalish	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Collin S. Beach, M.D., P.A.	_
	(Name of Corporation)	,
P93000056089		
(Dacument Number, if known)	<del></del>	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which	ñ
If signing on behalf of an entity:	Enature of Resigning Agent)  AHASSEE.	<u> </u>
<del></del>	Typed or Printed Name)	- <b>D</b>
	(Cupacity)	

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withdrawn corporation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