

P93000078085

FISHER, TOUSEY, LEAS & BALL

ATTORNEYS AT LAW

JOHN S. BALL
JULIE EXUM BREUER
EVA L. DANEKER
ROBERT A. DAWKINS
MICHAEL W. FISHER
BEVERLY H. FURTICK
JENNIFER R. JUNKER
JOHN E. LAWLOR, III
MICHAEL R. LEAS
ROBERT N. MILLER
MARY A. ROBISON
CLAY B. TOUSEY, JR.

1 INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 356-2600 · FAX (904) 355-0233

SUITE 2001
2 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FLORIDA 32082
(904) 285-2601

PLEASE REPLY TO:
JACKSONVILLE OFFICE

March 31, 1998

Division of Corporations
Corporate Records Bureau
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

FILED
98 APR 17 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **First Choice Medical of North Florida, Inc.**
Statement of Resignation of Registered Agent

8000002476638--0
-04/02/98--01052--004
*****35.00 *****35.00

Dear Sir/Madam:

Enclosed please find a Statement of Resignation of Registered Agent, along with our firm's check in the amount of \$35.00 in payment of the required filing fee. Please stamp the enclosed copy of the Statement of Resignation "Received" and return it to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter.

Sincerely,

Mary A. Robison
Mary A. Robison

mm/97944
Enclosures

R.A. Resignation

Joe
4/17



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 6, 1998

MARY A. ROBINSON
FISHER, TOUSEY, LEAS & BALL
1 INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

SUBJECT: CLAY COUNTY MEDICAL, INC.
Ref. Number: P93000078085

We have received your document for CLAY COUNTY MEDICAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 098A00018172

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April 14, 1998

Division of Corporations
Corporate Records Bureau
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

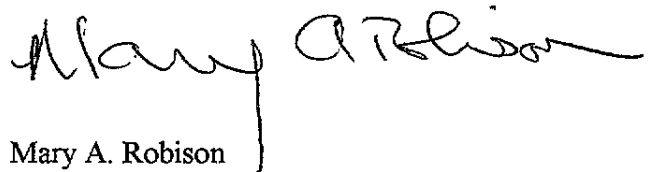
Re: Clay County Medical, Inc.
Statement of Resignation of Registered Agent

Dear Sir/Madam:

Pursuant to your letter of April 6, 1998, a copy of which is enclosed for your reference, I am herewith returning to you for filing a Statement of Resignation of Registered Agent using the current name of the above referenced entity. Please stamp the enclosed copy of the Statement of Resignation "Received" and return it to me in the enclosed self-addressed stamped envelope.

Please call me if you have any questions or require anything further.

Sincerely,


Mary A. Robison

MAR/jlg/98857
Enclosures

RESIGNATION OF REGISTERED AGENT

OF

CLAY COUNTY MEDICAL, INC.


FILED
98 APR 17 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 607.0502(2), Florida Statutes, the undersigned, Mary A. Robison, hereby resigns as Registered Agent for Clay County Medical, Inc., a Florida corporation.

A copy of this resignation was mailed to the 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.

Dated: April 14, 1998.


Mary A. Robison