

P94000010845

Rinda D. Green, M.D., P.A.
Requestor's Name

P.O. Box 770188
Address

Coral Springs, Fl.
City/State/Zip

Phone #
330770188

800003037408

11/08/99--01001--005

---\$35.00-----35.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ 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

FILED
99 NOV -5 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/8



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 19, 1999

LINDA D. GREEN, M.D., P.A.
P.O. BOX 770188
CORAL SPRINGS, FL 33077-0188

SUBJECT: BROWARD OB/GYN ASSOCIATES, P.A.
Ref. Number: P94000010845

800003037408--8
-11/08/99--01001--005
*****35.00 *****35.00

We have received your document for BROWARD OB/GYN ASSOCIATES, P.A. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The fee to resign as registered agent of an inactive corporation is \$35.

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.

Anna Chesnut
Corporate Specialist

Letter Number: 699A00050276

RECEIVED
99 NOV -5 PM 12:52
DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

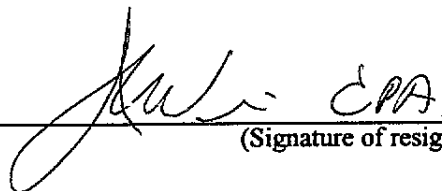
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, James S. Welzien, CPA
(Name of registered agent)

hereby resigns as Registered Agent for Broward OB/GYN Associates, P.A.
(Name of corporation)

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.

 CPA
(Signature of resigning agent)

If signing on behalf of an entity:

Linda Green M.D.
(Typed or Printed Name)

President
(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV -5 PM 2:17

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314