## P94000071607

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: American Medical Associates, Inc. (Name of Corporation)
DOCUMENT NUMBER: P94000071607
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dana J. Watts, Esquire
(Name of Person)
Law Office of Dana J. Watts (Name of Firm/Company)
1620 Main Street, Suite One (Address)
Sarasota, Florida 34236 (City/State and Zip Code)
For further information concerning this matter, please call:
Dana J. Watts at ( 941 ) 955-5791 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, Dana J. Watts, Esquire (Name of Registered Agent)	_	_
hereby resigns as Registered Agent for American Medical Associates, Inc. (Name of Corporation)	•	
P9400071607 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known addre	ss.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)	02 NOV 22	T
If signing on behalf of an entity:	P# :	
(Typed or Printed Name)	2	_

## 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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