P94000094326

(Requestor's Name)
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Alexen Tilews 10/07/05--01020--001 **3500.00

> FILEU 05 DOT -3 M 9: 29 SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Complehensive Medical Choup, Tre.
DOCUMENT NUMBER: 194000094326
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:
Gisela Fasco (Name of Person)
Broad and Cassel (Name of Firm/Company) Ohe Biscaure Tower, 21st Floor 2 South Biscaure Blud. (Address)
Miani FL 33:31 (City/State and Zip Code)
For further information concerning this matter, please call:
Cisela Fasco at (305) 373-9419 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA
ALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, becaposated Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for Completion (Name of Corporation)
P940000 94326
(Document Number, if known)
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. Compared to the 31st day after the date on which this statement is filed. Compared to the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:
Gise A TASCO (Typed or Printed Name)
Vico Prosident

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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