P95000008597

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	e)
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COVER LETTER

TO: Amendment Section **Division of Corporations**

MORTON PLANT PHYSICIAN HOSPITAL ORGANIZATION, INC. SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: P9500008597

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:

IMPERATO, ESQ., GABRIEL (Name of Person) NELSON MULLINS (Name of Firm/Company) 1 FINANCIAL PLAZA, SUITE 2700 (Address) FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

Gabriel Imperato (Name of Person) at (954) 745-5223 (Area Code & Daytime Telephone Number)

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Enclosed is a check made pavable 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

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. IMPERATO, ESQ., GABRIEL

(Name of Registered Agent)

hereby resigns as Registered Agent for ______

(Name of Corporation)

P95000008597

(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.

(Signature of	Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

TALLAHASSEE. FILED JUL 18 PH 1: 13

(Capacity)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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