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Resignation PER 1 NED RA

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SECRETARY OF STATE
TALL ALLASSEE FLORIDA

12/28/04



ACCOUNT NO. : 072100000032

REFERENCE: 107050 85036A

AUTHORIZATION

COST LIMIT

ORDER DATE: December 27, 2004

ORDER TIME : 12:57 PM

ORDER_NO. : 107050-010

CUSTOMER NO: 85036A

CUSTOMER: Robert A. Forlizzo, Esq

Forlizzo Law Group, P.a.

2903 Rigsby Lane

Safety Harbor, FL 34695

REGISTERED AGENT RESIGNATION

NAME:

FIRST FLORIDA MEDICAL CLINIC,

INC.

XX RA RESIGNATION (INACTIVE CORP.)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX -_ CERTIFIED COPY

___ plain stamped copy

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

!	<u> </u>	57
Pursuant to the pro	rovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	27 1
Florida Statutes, th	the undersigned, ROBERT A. FORLIZZO	2 g .c
: 1	(Name of Registered Agent)	$\frac{1}{2}$
hereby resigns as I	Registered Agent for FIRST FLORIDA MEDICAL CLINIC, INC.	17, 28
	(Name of Corporation)	
P95000009731	1	
(Document N	Number, if known)	
A copy of this rest	ignation was mailed to the above listed corporation at its last known addresses.	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.		
,		
لم	(Simple Chairman Chai	
	(Signature of Resigning Agent)	
If signing on behal	of an entity:	
ا <u>ن</u>	<u>i</u> .	
	(Typed or Printed Name)	
ļ		
} *	<u></u>	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)