

P 95000014500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

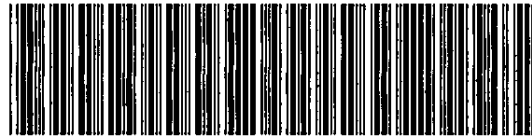
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*PALES cy
6-25-07*

BRONSTEIN, CARLSON, GLEIM, SHASTEEN & SMITH, P.A.

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Refer to File No.

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June 21, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Charles A. Finn, M.D., P.A.

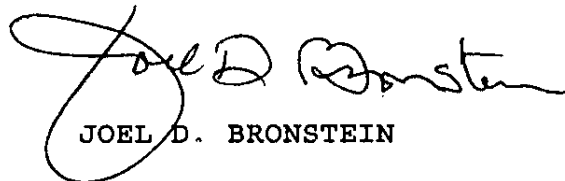
Gentlemen:

Enclosed please find the Resignation of Registered Agent for the referenced Florida dissolved P.A. along with our firm's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents, or need further information, please contact me by telephone rather than returning the document.

Very truly yours,



JOEL D. BRONSTEIN

JDB/dmg

Enclosures

cc: Charles A. Finn, M.D., w/enclosures

**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, Joel D. Bronstein
(Name of Registered Agent)

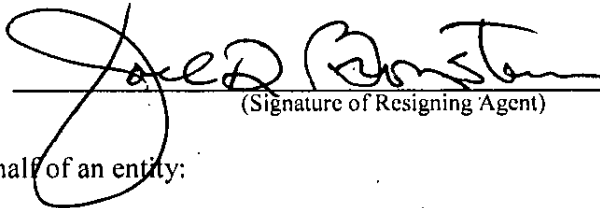
hereby resigns as Registered Agent for Charles A. Finn, M.D., P.A.
(Name of Corporation)

P95000014500

(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)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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