

P95000068517

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2012 JAN -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A. Res.

TBrown 1-4-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLSAFE MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P95000068517

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:

Cynthia Z. Jorgensen
(Name of Person)

Quarles & Brady LLP
(Name of Firm/Company)

411 E. Wisconsin Avenue, #2040
(Address)

Milwaukee, WI 53202
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Z. Jorgensen at (414) 277-5191
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2011

CYNTHIA Z JORGENSEN
QUARLES & BRADY LLP
411 E WISCONSIN AVE STE 2040
MILWAUKEE, WI 53202

SUBJECT: ALLSAFE MEDICAL, INC.
Ref. Number: P95000068517

We have received your document for ALLSAFE MEDICAL, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$2.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 811A00028495

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2012 JAN -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NAPLES-LAWDOCK, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for ALLSAFE MEDICAL, INC.

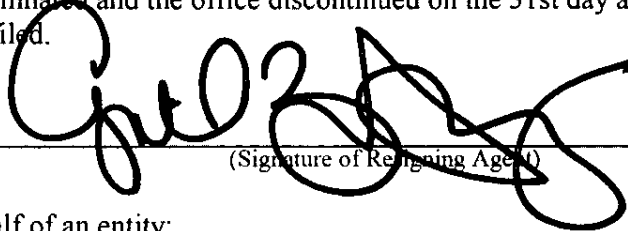
(Name of Corporation)

P95000068517

(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:

Cynthia Z. Jorgensen

(Typed or Printed Name)

Assistant Secretary

(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
P.O. Box 6327
Tallahassee, FL 32314