

P95000071191

ELENA DE SOCARRAZ, P.A.

2350 CORAL WAY, SUITE 401  
MIAMI, FLORIDA 33145

TELEPHONE: (305) 443-1304  
FACSIMILE: (305) 856-9234

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUN -1 PM 12:02

May 14, 2001

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

RE: Palmetto North Health Center

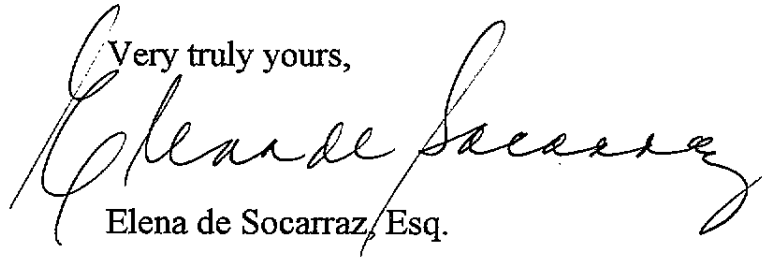
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-05/21/01--01099--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

To Whom It May Concern:

Enclosed herewith please find my resignation along with a check in the amount of \$35.00, made payable to the Secretary of State.

If you any questions or problems with the enclosed, please do not hesitate to contact me.

Very truly yours,

  
Elena de Socarraz, Esq.

EDS:mo  
Enclosures  
cc: Mr. Arturo Godinez  
Palmetto North Health Center

RA Resig.

V SHEPARD JUN 5 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 25, 2001

ELENA DE SOCARRAZ, ESQ.  
2350 CORAL WAY, STE. 401  
MIAMI, FL 33145

SUBJECT: PALMETTO NORTH HEALTH CENTER, INC.  
Ref. Number: P95000071191

We have received your document for PALMETTO NORTH HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of resignation must state that a copy of the resignation has been mailed to the corporation at its principal office address.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 301A00032338

RECEIVED  
01 JUN - 1 AM 9:51  
DIVISION OF CORPORATIONS

## RESIGNATION OF REGISTERED AGENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUN -1 PM 12:02

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ELENA DE SOCARRAZ  
(Name of registered agent)

hereby resigns as Registered Agent for PALMETTO NORTH HEALTH CENTER, INC.  
(Name of corporation)

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.

Elena De Socarraz  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**