## P95000192441

(Re	equestor's Name)	
(Ac	ddress)	,
(Ac	ddress)	
. (Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STAIL AHASSEE, FLORII

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Doctor's Care of Juster Inc. (Name of Corporation)			
DOCUMENT NUMBER: P95000092441			
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:			
Paul Elliott			
(Name of Person)			
Olympia CEC and Company			
(Name of Firm/Company)			
25 W. Highpoint Road			
(Address)			
Stuart FL 34996 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Paul Elliott at (772) 285-7310 (Area Code & Daytime Telephone Number)			
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENTO7 MAY -9 AM 11: 4.  FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509; FLORID,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509; $FL_{ORID}^{SA}$
Florida Statutes, the undersigned, Paul Elliott (Name of Registered Agent)
hereby resigns as Registered Agent for Doctor's Care of Jupiter Inc., (Name of Corporation)
P95000092441 (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:
Paul Elliott (Typed or Printed Name)
President   Reg. Agent

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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