

P96000000 Ld41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

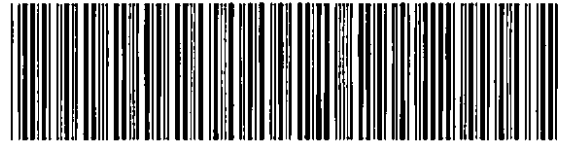
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 28 2023

Office Use Only



100409220301

05/31/23--01043--011 **87.50

2023 MAY 31 PM 11
SECRET
TALLAHASSEE

FBI

60

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diagnostic Pathology of Florida Suncoast, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P96000006641

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:

Darryl W. Johnston, Esq.

(Name of Person)

Johnston Law Group, P.A.

(Name of Firm/Company)

29 S. Brooksville Avenue

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl W. Johnston, Esq.

(Name of Person)

at (352) 796-5124

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2023 MAY 31 PM 1:11
SECRETARY
TALLAHASSEE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Darryl W. Johnston

(Name of Registered Agent)

hereby resigns as Registered Agent for Diagnostic Pathology of Florida Suncoast, P.A.

(Name of Corporation)

P96000006641

(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)

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