P96000012978

(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:





900433235849

07/18/24--01032--004 **900.00

ALLAHASSEE, FLORIDA

024 JUL 18 PM12:

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MEDI-GROUP ASSOCIATES OF FLORIDA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P96000012978

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:

IMPERATO, GABRIEL L.

(Name of Person)

NELSON MULLINS

1 FINANCIAL PLAZA, SUITE 2700

(Address)

FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato

at (954)745-5223 (Area Code & Daytime Telephone Number)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 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, IMPERATO, GABRIEL L.
(Name of Registered Agent)
hereby resigns as Registered Agent for MEDI-GROUP ASSOCIATES OF FLORIDA, INC.
(Name of Corporation)
P96000012978
(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) (Capacity)
Fee for filing this document:

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation