

P96000045493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

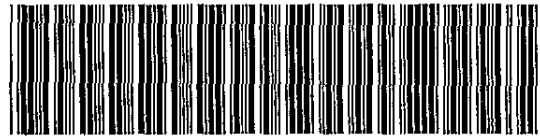
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05 JUN - 1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A. Resignation

T BROWN JUN - 3 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLAGLER MEDICAL CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000045493

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:

Juan U. Alvarez

(Name of Person)

Flagler Medical Center, Inc.

(Name of Firm/Company)

78 N. W. 12th Avenue

(Address)

Miami, Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Ulises Alvarez

(Name of Person)

at (305) 324-8302

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 JUN -1 AM 9:34
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, FLORIDA ANNUAL REPORT SERVICES, INC.
(Name of Registered Agent)

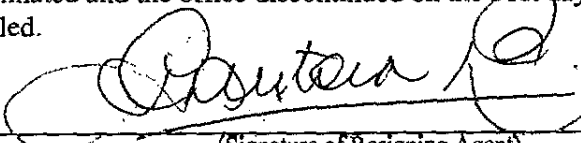
hereby resigns as Registered Agent for FLAGLER MEDICAL CENTER, INC.
(Name of Corporation)

P96000045493

(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:

AMADA CANTERA LOPEZ

(Typed or Printed Name)

PRESIDENT

(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