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John H. Request 9.0. Box Jacksoner City/State/Zi	Schmen estor's Name 550700 Address Alle 2132255- Phone #	Office Use Only
CORPORATION NA	AME(S) & DOCUMENT NU	NUMBER(S), (if known):
1. (Corpora	ation Name)	(Document #)
2(Corpora	ation Name)	(Document #)
3(Corpor	ation Name)	(Document #)
4(Corpor	ation Name)	(Document #)
Walk in Mail out NEW FILINGS	Pick up time Will wait Photocop AMENDMENTS	
Profit	Amendment	700002510597 -05/05/9801033016_
NonProfit	Resignation of R.A., Officer/I	*****122.50 *****87.50
Limited Liability	Change of Registered Agent	t
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION Foreign	VS MAY 1 3 1000
Fictitious Name Name Reservation	Limited Partnership	
Name Keservation	Reinstatement	RA Mesig.
	Trademark	
	Other	

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statues, the undersigned, Margaret B. Gellatly (Name of registered agent) hereby resigns as Registered Agent for Tampa Medical Plaza, 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. (Signature of resigning agent) If signing on behalf of an entity:

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

(Capacity)