

P96 0000 62869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

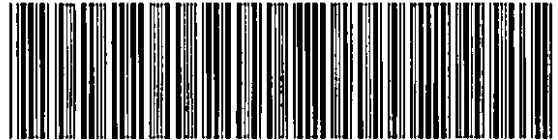
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Indian River Medical Office, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P96000062869

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:

Dr. Aluino Ochoa, M.D.

(Name of Person)

Indian River Medical Center, P.A.

(Name of Firm/Company)

3300 Dairy Road

(Address)

Titusville, Florida 32796

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Aluino Ochoa _____ at (321) 269-6530
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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**

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

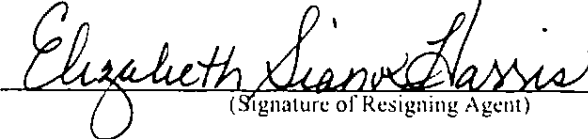
Florida Statutes, the undersigned, Elizabeth Siano Harris
(Name of Registered Agent)

hereby resigns as Registered Agent for Indian River Medical Center, P.A.
(Name of Corporation)

P96000062869
(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)

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TALLAHASSEE, FL

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**