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Law Offices

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P.O. Box 015441 (ZIP 33101-5441)  
Miami, Florida 33131

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 700004568777--2  
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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Res.

Examiner's Initials

CR2E031(7/97)

S. PAYNE SEP 11 2001

Florida Department of State,

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, **INTRASTATE REGISTERED AGENT CORPORATION** hereby resigns as Registered Agent for **CYPRESS HEALTH NETWORK, INC.**

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 of which this statement is filed.

INTRASTATE REGISTERED AGENT  
CORPORATION

By: \_\_\_\_\_

Name: Steven H. Hagen

Title: Vice President

Date: \_\_\_\_\_

8/28/01

**FEE FOR FILING THIS DOCUMENT:**

**\$87.50 - Active Corporation**

**\$35.00 - Administratively Dissolved Corporation**

**Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314**

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