P960000 92825

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Thermal Therapies of Ft. Lauderdale, Inc. (Name of Corporation) DOCUMENT NUMBER: P96000092825 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: Corinne P. McClure, Senior Paralegal (Name of Person) McGuireWoods LLP (Name of Firm/Company) 50 North Laura Street, Suite 3300 (Address) Jacksonville, FL 32202 (City/State and Zip Code) For further information concerning this matter, please call: Corinne McClure at (904)798-3294
(Name of Person) (Ajea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. Street Address: Amendment Section Mailing Address:

Amendment Section

Post Office Box 6327 Tallahassee, Fl. 32314

Division of Corporations

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

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, RAX Co.	
1 forda Statutes: the undersigned:	(Name of Registered Agent)
hereby resigns as Registered Agent for Therm	al Therapies of Ft. Lauderdale, Inc.
hereby resigns as Registered Agent for	(Name of Corporation)
P96000092825	,
(Document Number, if known)	
A copy of this resignation was mailed to the abo	ve listed corporation at its last known address.
The agency is terminated and the office discontinuithis statement is filed.	nued on the 31st day after the date on which
Jusa U. Jay (Signatur Si	Coz Resigning Agent)
If signing on behalf of an entity:	
Lisa O. Taylor	20 SE T
(Typed or I	Printed Name)
	A S
President	SECRE JAN - 5 TALLAHAS
	pacity)
	AMII: 59 AMII: 59
Fee for filing this do	cument:
\$87.50 - Active Corp	
	vely dissolved/voluntarily dissolved/
withdrawn c	orporation
	Department of State and mail to: Corporations
	Corporations Sox 6327
Tallahasse	e, FL 32314