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To:

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From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A.

Account Name : BURGESS, HARRI Account Number : IZ0000000104 Phone : (941)366-3700 Fax Number : (941)366-0189

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VISION OF CORPORATION

REGISTERED AGENT RESIGNATION

CHRISTY D. CUGINI, JR., M.D., P.A.

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 716.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, DONALD J. HARRELL, hereby resigns as Registered Agent for CHRISTY D. CUGINI, JR., M.D., P.A.

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.

DONALD I. HARRELL

DO AUG-4 PM 3: 13
SECRETARY OF STATE
AND ASSEE, FLORIDA

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