

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Divisio of Corporations

: (850)205-0380 Fax Num: :r

From:

: STRAWN & MONAGHAN, P.A. Account Vame

Account Number: 076215000176 : (561)278-9400

: (561)278-9462 Fax Nur er

## REHISTERED AGENT RESIGNATION

I: JCA RATON MEDICAL ASSOCIATES, P.A.

| Certificate of Status | 0       |
|-----------------------|---------|
|                       | 0       |
| Certified Copy        | 01      |
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R' SIGNATION OF REGISTERED AGENT

| Programme to the provisi | is of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,          |            |
|--------------------------|--|------------|
|                          |  |            |
| Florida Statutes, the w  | (Name of registered agent)   |            |
| hereby resigns as Regi-  | ered Agent for   | -          |
| <b>-</b>                 | (Document No. P97000021187)  |            |
| A copy of this resigna   | on was mailed to the above listed corporation at its last known address. |            |
| The agency is termina    | d and the office discontinued on the 31st day after the date on which    |            |
| this statement is filed  |  |            |
|                          |  |            |
| Jef:                     | ey L. Cohen Signature of fesigning agent)                                | المرسوانية |
| If signing on behalf (   | an entity:   |            |
| <del></del> -            | (Typed or Printed Name)  | DH 4: 21   |
|                          | (Capacity)   | 24         |

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

lake checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E046(9/98)