

P97000028539

J CRAFT  
141 E CUMMIS AVE  
ATLANTA GA 30307

Office Use Only

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

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SECRETARY OF STATE  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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RA Rev  
2-25-99  
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## 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, EARLE W CRAFT

(Name of registered agent)

hereby resigns as Registered Agent for STUART SOUTH MEDICAL CENTER, INC.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.  
ON - 2/1/97.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Earle W Craft  
(Signature of resigning agent)

If signing on behalf of an entity:

EARLE W CRAFT  
(Typed or Printed Name)

INCORPORATION - (NAME OFFICER)  
(Capacity)

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TALLAHASSEE, FLORIDA

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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