

P 97000071011

*Wampler Buchanan & Breen*

*A Professional Association  
Attorneys and Counselors at Law  
900 Sun Trust Building  
777 Brickell Avenue  
Miami, Florida 33131*

FILED

01 JUN 12 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(305) 577-0044

FAX (305) 577-8545

June 6, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

900004397959--1  
-06/12/01--01011--001  
\*\*\*105.00 \*\*\*\*\*35.00

Re: Resignation of Registered Agent  
Med Access, Inc.; Med Access Group, Inc.;  
Med Access of South Florida, Inc.

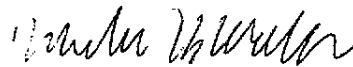
Dear Madame or Sir:

Enclosed please find three (3) original Resignation of Registered Agent forms executed by Michael B. Walker, the listed registered agent of record for each of Med Access, Inc., Med Access Group, Inc., and Med Access of South Florida, Inc., all dissolved Florida corporations. Please file said Resignations and provide the undersigned with evidence of the filing of the same. Wampler, Buchanan & Breen, P.A. Check Number 21999, payable to the order of the Florida Dept. of State in the amount of \$105.00, representing the filing fees (\$35.00 per administratively dissolved corporation), is also enclosed.

Thank you for your prompt attention to this matter.

Very truly yours,

RA Res  
6-20-01  
MBW



Michael B. Walker  
For the Firm

MBW:am  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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, MICHAEL B. WALKER  
(Name of registered agent)

hereby resigns as Registered Agent for MED ACCESS, INC.  
(Name of corporation)

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.



(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**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