P97000092524

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



000296681750

03/21/17--01002--024 **87.50



3/23 00/

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Mario Magcalas, M.D., P.A. (Name of Corporation) DOCUMENT NUMBER: P97000092524 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: Paul J. Panagos (Name of Person) Panagos & Associates CPAS (Name of Firm/Company) 2893 Executive Park Dr., Ste 102 (Address) Weston, FL 33331 (City/State and Zip Code) For further information concerning this matter, please call: Paul J Panagos

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

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, Paul J. Panagos, CPA
(Name of Registered Agent)
hereby resigns as Registered Agent for Mario Magcalas, M.D., P.A.
(Name of Corporation)
P97000092524
(Document Number, if known)
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.
Paul Gauge (Signature of Resigning Agent)
Signature of Resigning Agent) Paul J Panagos
If signing on behalf of an entity:
(Tymed or Printed Name)
(Typed or Printed Name)
(1) pad of 1 interest to the second of the s
(Capacity)
/ - · · · · · · · /

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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