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IFILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Amendment Section Division of Corporations redicine Associates, P9700009629 **DOCUMENT NUMBER:** 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: Gene E. Hess (Name of Person) (Name of Firm/Company)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

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, Gene E. Hess (Name of Registered Agent)
hereby resigns as Registered Agent for EAST Orlando Family Medicine (Name of Corporation) Associates, P.A.
(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.
(Signature of Resigning Agent) Senc E. Hess
If signing on behalf of an entity:
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(Typed or Printed Name) OB VISIONE NAME OB VISIONE NAME OB VISIONE OB VI

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)