

998000001623

Florida Department of State
Division of Corporations
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((H05000029800 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION
PROFESSIONAL MASSAGE SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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FEB. 4. 2005 9:30AM ROGERS TOWERS

NO. 0193 P. 5

H05000029800

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Massage Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000001623

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:

Robert H. Pritchard

(Name of Person)

Rogers Towers

(Name of Firm/Company)

1301 Riverplace Blvd., Suite 1500

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert H. Pritchard

(Name of Person)

at (904) 346-5798

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FEB. 4. 2005 9:30AM

ROGERS TOWERS

NO. 0193—P. 6—

H05000029800

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1506
Florida Statutes, the undersigned, Robert H. Pritchard
(Name of Registered Agent)

hereby resigns as Registered Agent for Professional Massage Services, Inc.
(Name of Corporation)

P98000001623

(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)

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/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

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