

P98000016126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

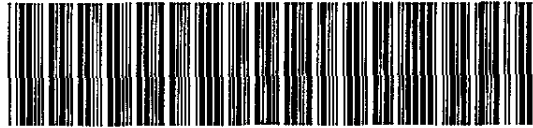
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400067140974

03/10/06 -01023 -001 **282.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAR 10 AM 9:04

RA Resig

1B
3/20

CT CORPORATION

March 3, 2006

RE: BKRY MATERNAL CHILD NETWORK, INC. (FL. DOM.)
BKRY PHYSICIAN GROUP, INC. (FL. DOM.)
BKRY PHYSICIAN SERVICES OF FLORIDA, INC. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir/Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation(s). Also enclosed is 1 check in the amount of \$262.50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (nj)

Theresa Alfieri
Assistant Secretary

TA:nj
Enclosure
RPP

111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAR 10 AM 9:04

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for BKRY PHYSICIAN SERVICES OF FLORIDA, INC.

(Name of Corporation)

P98000016126

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(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withdrawn corporation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