<b>-</b>	026346	
Requester's Name  - Los Agolli - 1930 f Cini Glen F. Negers, Fel 339	An ONE CONTROLL 1/2	28/16/00 10/00/00/00/00/00/00/00/00/00/00/00/00/0
	Office Use Only	17 %
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
1. (Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)  90003345615023 -08/04/000105;023 *****35.00 ******35.	- <b>'5</b> 3
3. (Corporation Name)	(Document #)	₹ .
4		· <del></del>
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	
NEW FILINGS	<u>AMENDMENTS</u>	
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  V. SHEPARD AUG 1 4 20	
	Examiner's Initials	

OIVISION OF CORE ORATIONS

OO AUG -4 AM 9: 17

## 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, (Name of registered agent)
hereby resigns as Registered Agent for Path Medical of Florida 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)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

(Capacity)

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