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Bonita Springs, PL 34/34
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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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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, DAVID J. MOURICK, ESQ., hereby resigns as Registered Agent for MEDICAL PLACEMENT SERVICES, INC.

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.

If signing on behalf of an entity:

(Typed or Printed Name)

(Signature of resigning agent)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(1/95)