

P980000B4872

Requestor's Name

2900 Nth Military Trail  
Suite 201  
Boca Raton, Florida 33431

300002939989--7  
-09/02/99--01001--016  
Office Use Only \*\*\*\*\*5.00 \*\*\*\*\*5.00

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002939989--7  
-07/23/99--01053--004  
\*\*\*\*\*30.00 \*\*\*\*\*30.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 SEP -2 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer Resignation  
9-3-99

Examiner's Initials

LET

RE: Path Medical of Palm Beach Aug. 31, 1999

Hi Louise,

Per our conversation of  
August 31<sup>st</sup>, 1999, I have  
enclosed a check in the  
amount of \$5.00 to cover  
the remaining filing fee.  
Please return the original  
check for \$35.00 with my  
resignation letter.

Thank you  
Shep Agall



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 28, 1999

PATH MEDICAL OF PALM BEACH, INC.  
2900 N. Military Trail, #201  
Boca Raton, FL 33431

SUBJECT: PATH MEDICAL OF PALM BEACH, INC.  
Ref. Number: P98000034872

We have received your document for PATH MEDICAL OF PALM BEACH, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35.00 for each person resigning. There is a balance of \$5.00 for the filing fee.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 199A00038581

RECEIVED  
99 AUG 16 PM 4:54  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 17, 1999

PATH MEDICAL OF PALM BEACH, INC.  
2900 North Military Trail  
Suite 201  
Boca Raton, FL 33431

SUBJECT: PATH MEDICAL OF PALM BEACH, INC.  
Ref. Number: P98000034872

We have received your document for PATH MEDICAL OF PALM BEACH, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As stated in our previous letter, there is a balance of \$5.00 for the filing fee. We are returning your check in the amount of \$35.00 to be replaced by one in the correct amount of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 799A00041404

FILED

99 SEP -2 AM 11:31

**OFFICER / DIRECTOR RESIGNATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, SHEP AGOLLI, hereby resign as VICE PRESIDENT  
(Title)  
of PATH MEDICAL OF PALM BEACH, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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