

P98000042675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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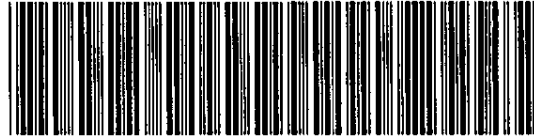
(Business Entity Name)

(Document Number)

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## KPPB LAW

ONE LAKESIDE COMMONS, SUITE 800  
990 HAMMOND DRIVE  
ATLANTA, GEORGIA 30328  
678.443.2220 phone | [www.kppblaw.com](http://www.kppblaw.com) | 678.443.2230 fax  
ATLANTA, GA | PRINCETON, NJ | FAIRFAX, VA

July 27, 2017

**SENT VIA FEDERAL EXPRESS**

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

RE: Scenic Health Alliance Inc. - Change of Registered Agent

Dear Sir or Madam:

Enclosed is a cover letter and a Statement of Change of Registered Office or Registered Agent or Both For Corporations for Scenic Health Alliance, Inc. along with check #3642 made payable to the Florida Department of State in the amount of \$122.50 to cover the cost of filing. Once the change has been filed, please send a copy of the filing in the enclosed self-addressed, stamped envelope provided for your convenience.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,



Tracee Batchelor  
Legal Assistant

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, DR. CHARLES P. MCGRATH

(Name of Registered Agent)

hereby resigns as Registered Agent for SCENIC HEALTH ALLIANCE, INC.

(Name of Corporation)

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(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:

Charles P. McGrath, D.C.  
(Typed or Printed Name)

President

(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withdrawn corporation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**