

P98000089685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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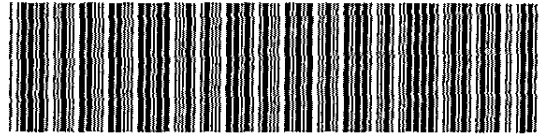
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2004 JUL -9 PM 3:17

R.A. Resignation  
CM  
7-16-04

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Omega Health Center, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P98000089689

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

(Name of Person)

Law Office of MORRIE LEVINE  
(Name of Firm/Company)

2450 Hollywood Blvd, Ste 100  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

MORRIE I. LEVINE at (954) 925-9000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 JUL -9 PM 3:17

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

Florida Statutes, the undersigned, MORRIS I. LEVINE  
(Name of Registered Agent)

hereby resigns as Registered Agent for Omega Health Center, Inc.  
(Name of Corporation)

9980000 89689  
(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.

Morris I. Levine  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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withdrawn corporation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