

P99 0000 32322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

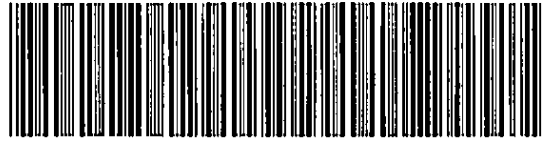
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600348681866 ✓

RECEIVED

JUL 14 2020

07/23/20--01006--008 ♦♦87.50

2020 SEP 21 AM 10:39

S TALLENT  
SEP 22 2020

R/A Resign



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 AUG 27 PM 4:16

August 27, 2020

NEIL PATERSON  
CENTRAL FLORIDA CANCER INSITUTE, P.A.  
40107 HWY 27  
DAVENPORT, FL 33837

SUBJECT: CENTRAL FLORIDA CANCER INSTITUTE, P.A.  
Ref. Number: P99000032322

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE NAME OF THE CORPORATION ON THE RESIGNATION FORM IS REQUIRED.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 420A00016426

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Central Florida Cancer Institute, P.A.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Neil Paterson

\_\_\_\_\_  
(Name of Person)

Central Florida Cancer Institute PA

\_\_\_\_\_  
(Name of Firm/Company)

40107 Hwy 27

\_\_\_\_\_  
(Address)

Davenport, FL, 33837

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Neil Paterson

407

520-5849

at (

\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, EDWARD COLON

(Name of Registered Agent)

hereby resigns as Registered Agent for 40107 HIGHWAY 27, DAVENPORT, FL 33837

(Name of Corporation)

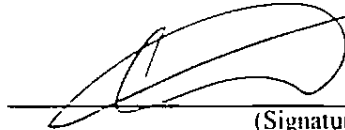
Central Florida Cancer Institute, P.A.

299000032322

(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:

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

\_\_\_\_\_  
(Capacity)

2020 SEP 21 AM 10:39

### **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**