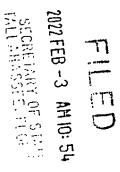


(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
FEB	J HORNE	





02/03/22--01014--015 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:Joseph I. Fernandez, M.D. P.A.	
(Name of Corpora	ition)
DOCUMENT NUMBER: P99000036948	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Moises T. Grayson, Esq.	
(Name of Person)	_
Blaxberg, Grayson, Kukoff & Forteza, P.A.	
(Name of Firm/Company)	_
25 SE 2nd Avenue, Suite 730	
(Address)	_
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Isabel V Colleran, Esq. 305	381-7979
	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2022 FEB -3 AM 10: 54

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Margarita M. Fernandez

(Name of Registered Agent)

hereby resigns as Registered Agent for Name of Corporation

(Name of Corporation)

P99000036948

(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)

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withdrawn corporation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