P9900061055

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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PILED PACLAHASSEE, FLOREDA PACLAHASSEE, FLOREDA

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Greenberg Traurig, P.A.		
Requester's Name	1	
Address		
City/State/Zip Phone #		
Please call June at 222-6891 when	ready.	
Thank you!		
	-	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
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1 Integrated Pous C	enter Corp	oaline
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
(22-7,	,	
3.		
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time PLS	<u>s call</u>	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
		Adate- Site on to
NEW FILINGS	<u>AMENDMENTS</u>	A date-stamped copy
☐ Profit	☐ Amendment	Coffy
Not for Profit		A., Officer/Director
Limited Liability	Change of Registe	
☐ Domestication	Dissolution/Withd	-
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QU	JALIFICATION
<u>OTHERTICAL</u>		<u> </u>
Annual Report	Foreign	
☐ Fictitious Name	Limited Partnershi	p
	Reinstatement	
	☐ Trademark ☐ Other	
		Examiner's Initials
		LAMINIUM SINKING

CR2E031(7/97)



February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: INTEGRATED PLUS CENTER CORPORATION

Ref. Number: P99000061055

We have received your document for INTEGRATED PLUS CENTER CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

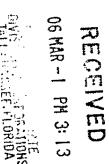
Resigning agent must sign.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 906A00010268



COVER LETTER

SUBJECT: INTEGRATED PLUS CENTER CORPORATION	
(Name of Corporation)	
DOCUMENT NUMBER: P99000061055	
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:	
PEDRO A. MARTIN	
(Name of Person)	
GREENBERG TRAURIG, PA	
(Name of Firm/Company)	
1221 BRICKELL AVENUE	
(Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
PEDRO A. MARTIN at (305) 579-054 (Name of Person) (Area Code & Daytime T	5
(Name of Person) (Area Code & Daytime T	elephone 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.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 F. Florida Statutes, the undersigned, PEDRO A. MARTIN
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15005 STA
Florida Statutes, the undersigned, PEDRO A. MARTIN (Name of Registered Agent)
hereby resigns as Registered Agent for INTEGRATED PLUS CENTER CORPORATION, (Name of Corporation)
P99000061055
(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:
PEDRO A. MARTIN
(Typed or Printed Name)
REGISTERED AGENT
(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