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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dade Medical College, Inc. (Name of Corporation)
DOCUMENT NUMBER: P99000069264
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:
Jonathan R Janeiro (Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
1354 Boune Dr (Address)
Topite, FC 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonettien 72 Janeiro at (850) 491 -4993 (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of State for \$87.50 for an active corporation of \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Jonathan R. Janeiro (Name of Registered Agent)
hereby resigns as Registered Agent for Dade Medical College, Inc. (Name of Corporation)
P99000069264
(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)
Now the second s

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)