518708

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		-

Office Use Only



600334400456

10/03/19--01021--006 *+87.50

2819 OCT -3 AH 9: 35

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: STEPHEN R. WOOD, D.O., P.A.	9
(Name of Corporation)	عي
DOCUMENT NUMBER: s18708	ñ
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	
Richard A. Zacur, Esquire	
(Name of Person)	
Zacur & Graham, P.A.	
(Name of Firm/Company)	
5200 Central Avenue	
(Address)	
St. Petersburg, FL 33707	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Richard A. Zacur, Esq. at (727) 328-1000 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
England is a about made muchly to the Uleride Department of State for \$97.50 for an active	

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 or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Richard Zacur
(Name of Registered Agent)
tereby resigns as Registered Agent for Stephen R. Wood, D.O., P.A.
(Name of Corporation)
S18708
(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 his statement is filed. (Signature of Resigning Agent)
(Typed of 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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