

CORPORATE AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
904-22-1173

S31584

ROLLING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE:

3/8/02

REF. #:

0177.5384

CORP. NAME:

Allstate Medical Center, Inc.

900005079839-7  
-03/11/02-01018-005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |

☒ OTHER:

Resignation of Reg. Agent

STATE FEES PREPAID WITH CHECK# 501786 FOR \$ 87.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

FILED  
2002 MAR 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 MAR 11 AM 10:10

C. Coulllette MAR 11 2002

## RESIGNATION OF REGISTERED AGENT

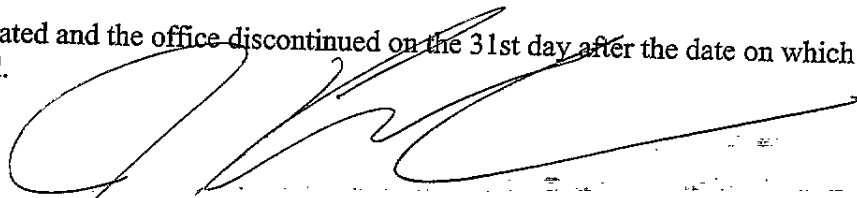
FILED  
2002 MAR 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, IRA COLEMAN  
(Name of registered agent)

hereby resigns as Registered Agent for ALLSTATE MEDICAL CENTER, INC.  
(Name of corporation)

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)  
IRA COLEMAN

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314