

FEB-24-05 03:31PM

FROM-AkermanSenterfitt

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DIVISION OF CORPORATIONS

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S39547

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I20000000249
Phone : (813) 223-7333
Fax Number : (813) 223-2837

REGISTERED AGENT RESIGNATION

DIAGNOSTIC AND CONSULTATIVE CARDIOLOGY, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diagnostic and Consultative Cardiology, P.A.
(Name of Corporation)

DOCUMENT NUMBER: S39547

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:

William Kalish, Esq.

(Name of Person)

Akerman Senterfitt

(Name of Firm/Company)

100 S. Ashley Drive, Suite 1500

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

William Kalish, Esq.

(Name of Person)

at (813) 223-7333

(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, William Kalish

(Name of Registered Agent)

hereby resigns as Registered Agent for Diagnostic and Consultative Cardiology, P.A.

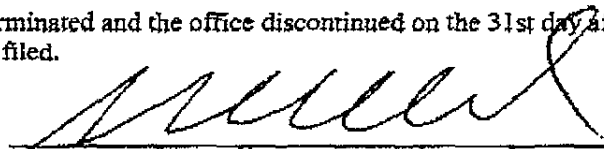
(Name of Corporation)

S39547

(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:

William Kalish

(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

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