

575000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

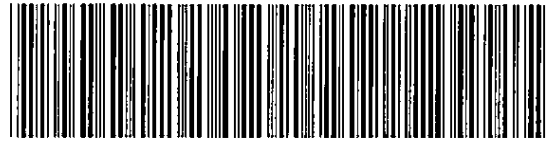
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100433235741

07.18.24--01032--004 **900.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 JUL 18 PM 12:19

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FROSCH/WOLPER HEALTH CARE CONSULTANTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: S75000

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:

IMPERATO, GABE

(Name of Person)

NELSON MULLINS

(Name of Firm/Company)

1 FINANCIAL PLAZA, SUITE 2700

(Address)

FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato at (**954**) **745-5223**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,
Florida Statutes, the undersigned, IMPERATO, GABE

(Name of Registered Agent)

hereby resigns as Registered Agent for FROSCH/WOLPER HEALTH CARE CONSULTANTS, INC.


(Name of Corporation)

S75000

(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)

(Capacity)

FILED
2024 JUL 18 PM 12:19
TALLAHASSEE, FLORIDA
RECORDS MANAGEMENT

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation