

V03258

Requestor's Name _____

Address _____

9 12 **FedEx** USA Airbill FedEx Tracking Number 8132 0146 5870

Use Only

n):

1 From: This portion can be removed for Recipient's records.

Date 8/3/99 FedEx Tracking Number 813201465870

Sender's Name Robert M. Mayer Phone 305 668-4433

Company PEARSON & MAYER PA

Address 1320 S DIXIE HWY STE 811 Dept./Floor/Suite/Room _____

City MIAMI State FL ZIP 33146

2 Your Internal Billing Reference RM-M-P (New)

RECIPIENT: PEEL HERE

FILED
09 AUG -3 PM 1:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002949142--8
-08/03/99-01067-001
280.00 **87.50

87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CORPARES

RPRD
ORG
SJB

Examiner's Initials _____

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____

JODIE C. GUTTER

(Name of registered agent)

hereby resigns as Registered Agent for _____

TRI COUNTY SPECIALTY MEDICAL EQUIPMENT & SUPPLIES, 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.

Jodie C. Gutter

(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

JODIE C. GETTER
10038 Vestal Place
Coral Springs, Florida 33071

TO WHOM IT MAY CONCERN:

I, JODIE C. GETTER, hereby resign my former capacity as Registered Agent of TRI-COUNTY HOME HEALTH CARE SERVICES, INC. (G08068); TRI-COUNTY SPECIALTY MEDICAL EQUIPMENT & SUPPLIES, INC. (V03258); and TRI-COUNTY HEALTHCARE NETWORK, INC. (P96000053286); effective immediately.

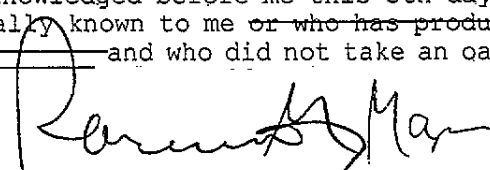
I also give notice that I have no position as employee, officer or director of any of the above and have not been employed by them for quite some time and was informed more than nine months ago that I would be replaced in any capacity I held at that time.


Jodie C. Getter

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 5th day of May, 1999, by JODIE C. GETTER, who is personally known to me ~~or who has produced as identification~~ _____ and who did not take an oath.

Printed/Typed Name:
Notary Public-State of Florida


My Commission Expires:

(NOTARY SEAL)

