Requester's Name

Address

City/State/Zip Phone #

V03515

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

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-09/20/01--01056--011
*****87.50 *****87.50

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

V03515 RARes 28 9-21-01 OM

Examiner's Initials

CR2E031(7/97)

RESIGNATIONOFREGISTEREDAGENT

Pursuanttotheprovisionsofsections607.0502(2),617.0502(2),607.1509,or617.1509,

FloridaStatutes,theundersigned, Robert Leahy
(Nameofregisteredagent)

herebyresignsasRegisteredAgentfor Medical Plan Services III, Inc.
(Nameofcorporation)

Acopyofthisresignationwasmailedtotheabovelistedcorporationatitslastknownaddress.

Theagencyisterminatedandtheofficediscontinuedonthe31stdayafterthedateonwhich thisstatementisfiled.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signatureofresigningagent)

Ifsigningonbehalfofanentity:

(TypedorPrintedName)

(Capacity)

Feeforfilingthisdocument:
$87.50-Activecorporation
$35.00-Administrativelydissolvedcorporation

MakecheckspayabletoFloridaDepartmentofStateandmailto:
DivisionofCorporations
P.O.Box6327
Tallahassee,FL32314

CR2E046(9/98)