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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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 2pg
RARS
9-21-01
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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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TALLAHASSEE, FLORIDA

(Signatureofresigningagent)

Ifsigningonbehalfofanentity:

(TypedorPrintedName)

(Capacity)

Feeforfilingthisdocument:
$87.50-Activecorporation
$35.00-Administrativelydissolvedcorporation

MakecheckspayabletoFloridaDepartmentofStateandmailto:
DivisionofCorporations
P.O.Box6327
Tallahassee,FL32314

CR2E046(9/98)