

V411062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

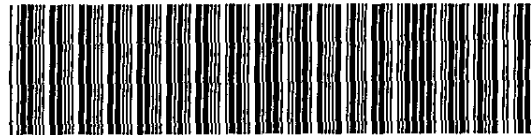
(Document Number)

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09/10/04--01028--009 **35.00

FILED
04 SEP 10 PM 12:08
TALLAHASSEE, FLORIDA

CT CORPORATION

September 3, 2004

RE: STERLING HEALTHCARE GROUP, INC. (FL.DOM.)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary
TA/lk
Enclosure

111 Eighth Avenue
New York, NY 10011
Tel. 212 894 8940
Fax 212 590 9180

**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, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for STERLING HEALTHCARE GROUP, INC.

(Name of Corporation)

V41062

(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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED
04 SEP 10 PM 12:08
J. ALFIERI
TALLAHASSEE, FLORIDA

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withdrawn corporation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**