

V54726

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ref
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RICHARD W. LYONS
GARY V. SMITH
Board Certified Real Estate Attorney
MICHAEL D. LYONS

Miami Office

1230 NW 7th Street
Miami, Florida 33125
305-324-1100 - Office
305-324-1054 - Facsimile
www.lyonsandsmith.com

Hollywood Office

4700 Sheridan Street, Suite G
Hollywood, Florida 33021
954-889-0983

October 22, 2008

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

RE: HEALTH STUDIES INSTITUTE, INC.

Gentlemen:

Enclosed please find the following items with reference to the above captioned matter:

1. Original executed Resignation of Registered Agent for a Corporation;
2. Our trust account check in the amount of \$87.50 as the filing fee

Should you have any questions, please contact the undersigned.

Very truly yours,


PATRICIA L. LYONS
Office Manager
PLYONS@LYONSSANDSMITH.COM

PLL:arm

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH STUDIES INSTITUTE, INC
(Name of Corporation)

DOCUMENT NUMBER: V54726

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:

GARY V. SMITH

(Name of Person)

LYONS AND SMITH, P.A.

(Name of Firm/Company)

1230 NW 7TH STREET

(Address)

MIAMI, FLORIDA 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY V. SMITH

(Name of Person)

at (305) 324-1100

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, GARY V. SMITH
(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTH STUDIES INSTITUTE, INC
(Name of Corporation)

V54726

(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:

GARY V. SMITH
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

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2000 OCT 27 PM 12:48
SECRETARY OF STATE
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