

V64724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

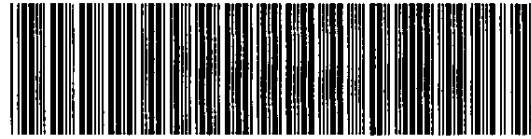
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/10/10--01027--002 \*\*175.00

2010 NOV 10 P 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

PA Resign  
Thewis  
11-12-10

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

November 8, 2010

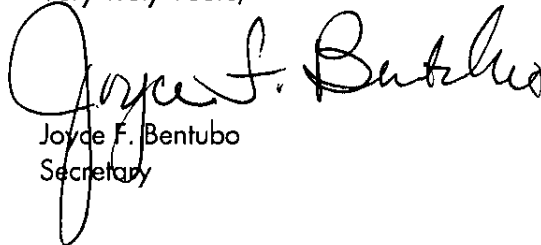
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: RESIGNATION OF REGISTERED AGENT –**  
**LIFELINE HEALTH CARE OF SOUTH FLORIDA, INC**  
**LIFELINE HEALTH CARE OF CENTRAL FLORIDA, INC**  
**LIFELINE HEALTH CARE OF SOUTHWEST FLORIDA, INC**  
**LIFELINE HEALTH CARE OF NORTHEAST FLORIDA, INC**  
**LIFELINE HEALTH CARE OF NORTH FLORIDA, INC**

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 496536 in the amount of \$175.00 for the filing fees for these entities.

Very Truly Yours,

  
Joyce F. Bentubo  
Secretary

JFB/kmt  
Enclosures

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

2010 NOV 10 P 3: 54

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509  
Florida Statutes, the undersigned, CFRA, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for Lifeline Health Care of Southwest  
Florida, Inc.

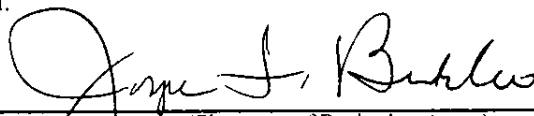
(Name of Corporation)

V104724

(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:

Joyce F Bentubo

(Typed or Printed Name)

Secretary

(Capacity)

**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**