

V74248

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 769-7692
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION
STARMED HOME HEALTH CARE SERVICES, INC.**

Certificate of Status	0
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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

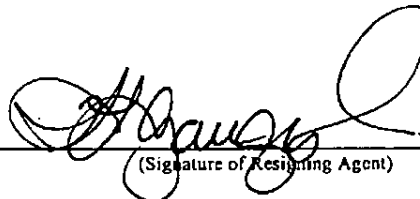
Florida Statutes, the undersigned, FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL,
n/k/a Fowler White Boggs

hereby resigns as Registered Agent for STARMED HOME HEALTH CARE SERVICES,
INC.

V74248

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:

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL
n/k/a Fowler White Boggs c/o Kendra L. Gaugush
Typed Name

Authorized Representative
Capacity

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