

F12000003682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

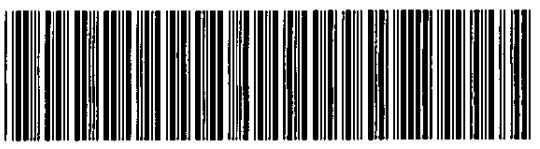
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 1 4 2017

D CUSHING



Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: 1/24/2017
STATE: FLORIDA
REP UNIT: HEALTH DIAGNOSTIC
LABORATORY, INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 28213 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

*Diane,
2-6 Our check was NOT returned
with the filing. We did not receive
a rejection letter either.*

Not sure why this was returned.

*Rhonda Peirce
800 345-4647*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
17 FEB -9 7:20:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.
Registered Agent Services



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH DIAGNOSTIC LABORATORY, INC.
(Name of Corporation)

DOCUMENT NUMBER: F12000003682

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:

Rhonda Peirce
(Name of Person)

Capitol Services Registered Agent Department
(Name of Firm/Company)

PO Box 1831
(Address)

Austin, TX 78767
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Peirce at (800) 345-4647
(Name of Person) (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

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TALLAHASSEE, FLORIDA

**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, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for HEALTH DIAGNOSTIC LABORATORY, INC.

(Name of Corporation)

F12000003682

(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:

Jason Fischer

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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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

SCAN CONTROL BATCH COVER SHEET

Examiner _____

FEB 14 2017

D CUSHING

Date Processed: _____

Scanner & Date Scanned: _____