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REGISTERED AGENT RESIGNATION

STANLEY O. DEVRIES, D.D.S., P.A.

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RESIGNATION OF REGISTERED AGENT AHASSEE. FLORID;

Plorida Statutes, the undersigned, DENNIS R. DELOACH, JR. (Name of Registered Agent) STANLEY OL DEVRIES, D.D.S., P.A. (Name of Corporation) 492422 (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. (Typed or Printed Name) (Capacity)	Pursuant to the provisions of sections	s 607.0502(2), 617.0502(2), 607.1509, 0x 6x7.1509,
hereby resigns as Registered Agent for STANLEY OL DEVRIES, D.D.S., P.A. (Name of Corporation) 492422 (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. (Typed or Printed Name)	1 total Statutos, are amaconignous	
(Typed or Printed Name) (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. (Typed or Printed Name)		
(Typed or Printed Name) (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. (Typed or Printed Name)	hereby resigns as Registered Agent for	or STANLEY OL DEVRIES, D.D.S., P.A.
(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. (Figure of Refigure 1 and 1 an		(Name of Corporation)
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. (Explained of Printed Name) (Typed or Printed Name)	492422	·
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signific of Beginnian Agent) If signing on behalf of an entity: (Typed or Printed Name)	(Document Number, if known)	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signific of Best entity) If signing on behalf of an entity: (Typed or Printed Name)	A convert this regionation was maile	od to the shows listed corporation at its last known address.
If signing on behalf of an entity: (Typed or Printed Name)	A copy of this resignation was maried to the above install persons and a second	
(Typed or Printed Name)	this statement is filed.	JAM WASHER !
	If signing on behalf of an entity:	,
	<u> </u>	
(Capacity)		(Typed or Printed Name)
(Capacity)		
(Capacity)		
		(Capacity)

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