

Florida Department of State

FOOOO0004401
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000381841 3)))



H250003818413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
SURGALIGN SPINE TECHNOLOGIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FM
10-27-25

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,

C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for SURGALIGN SPINE TECHNOLOGIES, INC.

(Name of Corporation)

F00000004401

(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.

Nancy Helm-Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

Nancy Helm Brown

(Typed or Printed Name)

Assistant Secretary

(Capacity)

2025 OCT 24 AM 9:10

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withdrawn corporation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