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Account Number : I19990000148  
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LLC REGISTERED AGENT RESIGNATION  
PARSONS PEDIATRIC CENTER, LLC

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DIVISION OF CORPORATIONS  
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FOWLER WHITE BOGGS BANKER P.A., n/k/a Fowler White Boggs, hereby resigns as

Registered Agent for PARSONS PEDIATRIC CENTER, LLC

L07000043529

A copy of this resignation was mailed to the above listed limited liability company 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 BOGGS BANKER P.A. n/k/a Fowler White Boggs c/o Kendra L. Gaugush

Typed Name

Authorized Representative

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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