Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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ACCOUNT Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Phone Fax Number : (407) 423-1831

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

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LLC REGISTERED AGENT RESIGNATION VIERA CANCER CENTER LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	, Florida Statutes, the und	lersigned,		
Dean Mead Services, LLC			_ , hereby rosigns as		
	Name of Registered Agen	1	, -		
Registered Agent for					
Viera Cancer Cente	r, LLC				
	Name of Limi	ted Liability Company			
L10000063552					
Document Nu	mber, it known				
A copy of this resignatio	n was mailed to the a	bove listed limited liabilit	y company at its last ki	nown address.	
The agency is terminated	d and the office discor	ntinued on the 31st day al	ter the date on which th	ris statement is	; filed.
If signing on behalf of a	n entity: Claudia Haines	Signature of Resigning Agen Jones			
	1	yped or Printed Name			
	Vice President o	f Sole Member			
	<u>F1LING</u> \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability Administratively disso withdrawn limited liab	company Ived/ voluntarily disso sility company	TOP SET OF STREET	999 III -6 AMII:42
	Make checks payal	ble to Florida Department Division of Corporations P.O. Box 6327 Tallalmssee, FL 32314	of State and mail to:	Ę. i	5 t