

Sep. 7. 2011 2:24PM
Division of Corporations

Moran & Shams

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PD5000116957

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6380

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

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****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
CHILDHOOD NEUROSURGERY AND CENTER FOR
HYDROCEPHALUS,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Childhood Neurosurgery and Center for Hydrocephalus, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000116957

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:

Thomas P. Moran

(Name of Person)

Moran Kidd Lyons Johnson & Berkson, P.A.

(Name of Firm/Company)

111 N. Orange Avenue, Suite 1200

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas P. Moran

(Name of Person)

at (407) 841-4141

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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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CR2B046(08/05)

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**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, Thomas P. Moran
(Name of Registered Agent)

hereby resigns as Registered Agent for Childhood Neurosurgery and Center for Hydrocephalus, P.A.
(Name of Corporation) P/A:

P05000116957

(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:

Thomas P. Moran
(Typed or Printed Name)

Registered Agent
(Capacity)

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

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