P11000107043

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600285896996

05/19/16--01021--015 **87.50



RARES

MAY 20 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NEUROPUL DIAGNOSTIC CENTERS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P11000107043
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:
RANA M. GORZECK
(Name of Person)
WARD DAMON BUSINESS SERVICES, LLC (Name of Firm/Company)
4420 BEACON CIRCLE
(Address)
WEST PALM BEACH, FL 33407 (City/State and Zip Code)
For further information concerning this matter, please call:
DORI EDWARDS at (561) 515-5672 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, WARD DAMON BUSINESS SERVICES, LLC (Name of Registered Agent)	
hereby resigns as Registered Agent for NEUROPUL DIAGNOSTIC CENTERS, INC. (Name of Corporation)	
P11000107043	
(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:	
MICHAEL J POSNER	
(Typed or Printed Name)	·
MANAGER 7	
(Capacity) Fee for filing this document: \$87.50 - Active Corporation	د مدر اد مدر افعی
\$35.00 - Administratively dissolved/voluntarily dissolved/	
The state of the s	

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

withdrawn corporation