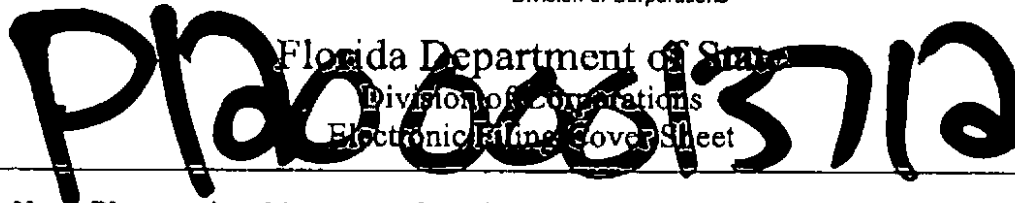


10/31/2019

Division of Corporations



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.

(((H19000322076 3)))



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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
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.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
SPACE COAST NEUROSURGERY, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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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, **DEAN MEAD SERVICES, LLC**

(Name of Registered Agent)

hereby resigns as Registered Agent for **Space Coast Neurosurgery, P.A.**

(Name of Corporation)

**P12000013712**

(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.

Dean Mead Services, LLC

By:

(Signature of Resigning Agent)

If signing on behalf of an entity:

**Claudia Haines Jones**

(Typed or Printed Name)

**Vice President of Sole Member**

(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withdrawn corporation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

(((H19000322076 3)))

2019 OCT 31 AM 10:34