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FAX

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DEAN MEAD ORLANDO

4001

11/30/2015

P14000005066

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6390

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: micicv@yahoo.com

REGISTERED AGENT RESIGNATION  
NEUROPLACE, P.A.

Certificate of Status	0
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Corporate Filing Menu

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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 Neuroplace, P.A.

(Name of Corporation)

P14000005066

(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: Stephen R. Looney

(Signature of Resigning Agent)

If signing on behalf of an entity:

Stephen R. Looney

(Typed or Printed Name)

Vice President

(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withdrawn corporation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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