

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.

(((H19000322015 3)))



H190003220153ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 NEURO ON THE GO, P.A.

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

Electronic Filing Menu

Corporate Filing Menu

Help

TSCHROEDE

(((H19000322015 3)))

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dea	an Mead Services, LLC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Neuro On The Go, P.A.
	(Name of Corporation)
P16000067565	
(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.

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(((H19000322015 3)))