

From: Leslie Perryman
10/17/22, 1:55 PM

Fax: 1407-329822

To:

Fax: (850) 617-6380

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
ALOMA PARK OB/GYN, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(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 Aloma Park OB/GYN, P.A.

(Name of Corporation)

P94000089828

(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:

Stephen R. Looney

(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withdrawn corporation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

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2022 OCT 17 AM 8:12

FILED