

Sep 7, 2011 12:30 PM  
Division of Corporations

Moran & Shams

No. 6468 Page 1/2

P91000054655

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H11000220283 3)))



H110002202833ABCT

**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 : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

11 SEP -7 AM 8:08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**\*\*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  
PEDIATRIC NEUROSURGERY, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/RES  
@ 9/7/11

RECEIVED

11 SEP -7 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H11000220283 3)))

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEDIATRIC NEUROSURGERY, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000054655

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:

Thomas P. Moran, Esquire  
(Name of Person)

Moran Kidd Lyons Johnson & Berkson, P.A.  
(Name of Firm/Company)

111 N. Orange Avenue, Suite 1200  
(Address)

Orlando, Florida 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas P. Moran at ( 407 ) 841-4141  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

((H11000220283 3)))  
**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, Thomas P. Moran  
(Name of Registered Agent)

hereby resigns as Registered Agent for Pediatric Neurosurgery, P.A.  
(Name of Corporation)

P97000054655

(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:

Thomas P. Moran

(Typed or Printed Name)

Registered Agent

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP - 7 AM 8:08