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REGISTERED AGENT RESIGNATION BRIEN E. PIERPONT, M.D., P.A.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.150	09,
Florida Statutes, the undersigned, Ale	an S. Gassman	
<u> </u>	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Brien E. Pierpont, M.D., P.A.	
	(Name of Corporation)	
V58225		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last known	address.
this statement is filed.	discontinued on the 31st day after the date on pattern the date on the 31st day after the date of the 31st day after the date of the 31st day after the date of the 31st day after the 31st	which
If signing on behalf of an entity:		200 OCT 27
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-	(Capacity)	α ω

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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