

K74363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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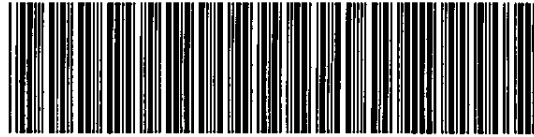
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IRA W. KLIMBERG, M.D., P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** K74363

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:-

Phyllis Ihle  
(Name of Person)

Urology Center of Florida  
(Name of Firm/Company)

3201 SW 34th Street  
(Address)

Ocala, Florida 34474  
(City/State and Zip Code)

For further information concerning this matter, please call:

Phyllis Ihle at ( 352 ) 861-9078  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

