K774363

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400105281864

07/06/07--01041--024 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: IRA W. KLIMBERG, M.D., P.A.
	(Name of Corporation)
DOCU	JMENT NUMBER: K74363
The en	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
PhvII	lis Ihle
	(Name of Person)
Urolo	ogy Center of Florida
	(Name of Firm/Company)
3201	SW 34th Street
	(Address)
Ocal	a, Florida 34474
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Phylli	is Ihle at (352) 861-9078 (Name of Person) (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED

07 JUL -6 AM 3: 33

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

(1)

	MASSEE
Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Par	ula A. Willis
Tiorida Statutes, tile differsigned,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Ira W. Klimberg, M.D., P.A.
	(Name of Corporation)
K74363	
(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 which
If signing on behalf of an entity:	
	Typed or Printed Name)
	. /

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)