

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D. RUSSELL LOCKE, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P00000023519

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

