

P00000023519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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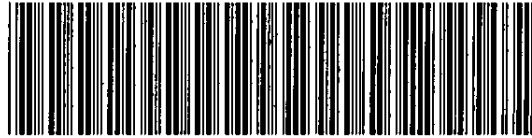
(Business Entity Name)

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31

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

(Name of Person)

at (352) 861-9078

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1509 or 617.1509

Florida Statutes, the undersigned, Paula A. Willis

hereby resigns as Registered Agent for D. Russell Locke, M.D., P.A.

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A copy of this resignation was mailed to the above listed corporation at its last known address.


(Signature of Resigning Agent)

(Capacity)

\$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withdrawn corporation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