

A25249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

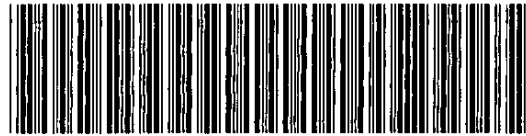
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/07--01022--015 **87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -3 PM 3:15

JBM
12/16

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza
4221 W. Boy Scout Blvd, 10th Floor
Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000
Fax (813) 229-4133

Joyce Bentubo
813.229.4315 direct
jbentubo@carltonfields.com

November 29, 2007

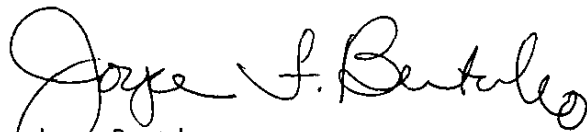
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: RESIGNATION OF REGISTERED AGENT - KIDNEY CENTER OF SOUTH
FLORIDA, LTD**

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Kidney Center of South Florida, LTD. Also enclosed is a check in the amount of \$87.50 for the filing fee.

Sincerely,



Joyce Bentubo
Secretary

JFB/jab
Enclosures
12454020.1

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

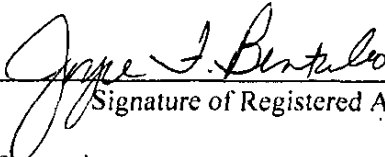
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CFRA, LLC, hereby resigns as
(Name of Registered Agent)

Registered Agent for Kidney Center of South Florida, LTD.,
(Name of Limited Partnership or Limited Liability Limited Partnership)

A25249
(Florida Document Number, if known)

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name
Secretary

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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