

F030000002755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB -9 AM 9:17

FEB 12 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kansas City Urology Care, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** F03000002755

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Potter  
(Name of Person)

Kansas City Urology Care, PA  
(Firm/Company)

10701 Nall Ave, Suite 100  
(Address)

Overland Park, Kansas 66211  
(City/State and Zip code)

For further information concerning this matter, please call:

Keith Potter at ( 913 ) 341-1115  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Kansas City Urology Care, P.A.

(Name of Corporation)

F03000002755

(Document Number of Corporation (if known))

Kansas

(Incorporated Under Laws of)

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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

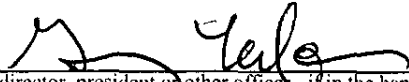
10701 Nall Ave, Suite 100

(Mailing Address)

Overland Park, Kansas 66211

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer, or in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/4/08  
(Date)

Gary Leifer, MD

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**