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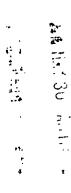
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TO:	Amendment Sec Division of Corp							
SUBJ	ECT:	Prostate The						-
DOC	UMENT NUMBI	: <u>A9700000</u>	0929_			<u> </u>		-
The e	nclosed Resignation	n of Registered A	gent and	l fee(s) a	re submi	tted for filing	Ľ.	
Please	ereturn all corresp	ondence concernir	ng this m	natter to:				
	Corinne P. M	cClure, Senior Pa	aralegal		_		pr	-
	(Contact Person					, ir	-
	Mac	uireWoods LLP					es.	
		irm/Company			_		,	
	50 North La	ura Street, Suite	3300					
		Address			_		•	
		nville, FL 32202	2		_			
	City.	State and Zip Code						
Е	cmcclure@ -mail address: (to be t	mcguirewoods.		ification)	_			
For fu	urther information	concerning this ma	atter, ple	ase call:				
	Corinne N	lcClure	at (_	904)	798-3294	1	
N	ame of Contact Perso	n	Ā	rea Code	and Daytin	ne Telephone 8	lumber	
Enclo	sed is a check mad	le payable to the F	lorida D	epartme	nt of Stat	te for:		
√ \$87	7.50 Filing Fee	S140.00 (\$87.50 Fi	ling Fee a	nd \$52.50	Certified Copy	Fee)	
	EET ADDRESS: MAILING ADDRESS:							
	Amendment Section Amendm							
	on of Corporation	•						
	on Building P. O. Box 6327 I Executive Center Circle Tallahassee, FL 32314							
	Executive Center (nassee, FL=32301	urcie		raHah	assee, Fl	. 32314		

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

Pursuant to the provision	s of section 620.1116, Flo	orida Statutes, the unde	rsigned.
	RAX Co.		, hereby resigns as
Na	ne of Registered Agent		
Registered Agent for	Prostate Therag	pies of Palm Beach, o or Limited Liability Lim	
A970000	00929		•
Florida Document Nu			•
the Florida Department	Signature of Reg	aylor gistered Agent	
If signing on behalf of	in entity:		
	Lisa O.	Taylor	
	Typed or Pri		
	Presid	dent	
	Capac	eity	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50