## A97000000 930

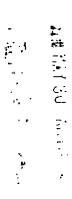
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700329929537

05/30/13--01011--025 ++67.50





## COVER LETTER

TO:	Amendment Section Division of Corpora						
SUB	JECT:	Prostate T					
	Name o	of Limited Partners	ship or Li	nited Liabili	ty Limite	d Partnership	
DOC	CUMENT NUMBER:	A97000000	0930				
The c	enclosed Resignation c	of Registered A	gent and	fee(s) are	submitt	ed for filing	
Pleas	e return all correspond	lence concernin	ng this m	natter to:			
	Corinne P. McCl		aralega	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	Con	act Person					is.
	MaCuire	eWoods LLP					;
		/Company					
							• •
	50 North Laura	a Street, Suite	3300				1
	ľ	Address					•
		ille, FL 32202	) - 				
	City, Sta	te and Zip Code					
	cmcclure@m	cguirewoods.	com				
	E-mail address: (to be used	for future annual	report not	ification)			
For f	urther information cor	cerning this ma	itter, ple	ase call:			
	Corinne McC	lure	at (_	904 )		798-3294	
:	Name of Contact Person		Ā	rea Code and	l Daytime	e Telephone N	umber
Enclo	osed is a check made p	ayable to the F	lorida D	epartment	of State	for:	
<b>√</b> \$8	7.50 Filing Fee	\$140.00 (	\$87.50 Fi	ling Fee and	\$52.50 C	entified Copy I	<sup>r</sup> ee)
STR	EET ADDRESS:			MAILIN	NG ADI	DRESS:	
	ndment Section			Amendn			
	sion of Corporations					porations	
	on Building Executive Center Circ	, l.,		P. O. Bo		20214	
	hassee, FL 32301	;i <b>c</b>		Tallahas	see, rL	32314	

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

	RAX Co.	y resigns as
	ame of Registered Agent	ù realfilla ga
Registered Agent for	Prostate Therapies of Orlando, Ltd.	<b>5</b> 7.
	Name of Limited Partnership or Limited Liability Limited Pa	rtnership
A97000	000930	,
Florida Document N	<del></del>	. 1
•	d on the 31 <sup>st</sup> day after the date on which this statem nt of State.	ent is filed b
•		
the Florida Departme	Signature of Registered Agent	
the Florida Departme —	Signature of Registered Agent	
the Florida Departme —	Signature of Registered Agent  an entity:	
The agent is terminate the Florida Departme  —  If signing on behalf o	Signature of Registered Agent an entity:  Lisa O. Taylor	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50