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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: URology Corons of (Name of corporation)	F Western New Engon-must include suffix)	land	<u>}</u>	? C
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporation for ited to facte of Existence", and check are submitted to fact business in Florida.				
Please	return all correspondence concerning this matter au Duqueffe (Name of	-			
	(Name of	(Person)		-	-
Uro	ology Group of Western N (Firm/Co				
220	Carew St, Suite 301 (Addi				
	(Add	ress)	~ ~ ~		
<u>Sp</u>	ring field, MA 0110X (City/State)				
,	(City/State a	and Zip code)	±s.	0	z .
For furt	ther information concerning this matter, please c	call:	EOR-TAIL	14 JUN 25	FIL
Pau	(Name of Person) at (413) (Area of) 785-532/ 2/23 Code & Daytime Telephone Number)	CHSTATE SEE, FLORIDA	AM 8: 56	ED
Registra Division 409 E. (TADDRESS: ation Section a of Corporations Gaines St. ssee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, PL 32314			
Enclose	d is a check for the following amount:				

\$78,75 Filing Fee & Certified Copy

☐ \$78.75 Filing Fee & Certificate of Status

☐ \$70.00 Filing Fee



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 17, 2004

PAUL DUQUETTE UROLOGY GROUP OF WESTERN NEW ENGLAND, P. 222 CAREW ST, STE 301 SPRINGFIELD, MA 01104

SUBJECT: UROLOGY GROUP OF WESTERN NEW ENGLAND, P.C.

Ref. Number: W04000023389

We have received your document for UROLOGY GROUP OF WESTERN NEW ENGLAND, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 604A00040512