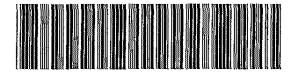
## T43835

(Requestor's Name)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Raul R. Orta, M.D.,	, P.A. (Name of Corporation)	
DOCUMENT NUMBER:	(rame of corporation)	
· ·· -		
The enclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for t	filing.
Please return all correspondence c	concerning this matter to the following:	
Stephen Presser		
(Name of Per	rson)	
c/o KPS Special Situations Fu	ind	
(Name of Firm/C		<u>-</u> .
•	1 3	
200 Park Avenue, 58th Floor		
(Address	;)	
New York, New York 10166		
(City/State and Z	ip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning	g this matter, please call:	
Otamban Duasas	202 202	
Stephen Presser (Name of Person)	at ( 212 ) 338-5111 (Area Code & Daytime Telephone Number)	*
(Name of Ferson)	(Mea Code & Daytille Telepholie Number)	
Enclosed is a check made payable	to the Florida Department of State for \$87.50 for an activ	e corporation
or \$35.00 for an administratively d	lissolved, voluntarily dissolved or withdrawn corporation	,
Mailing Address: Amendment Section	Street Address: Amendment Section	***
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399	
•	•	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Edwin Presser
(Name of Registered Agent)
hereby resigns as Registered Agent for Raul R. Orta, M.D., P.A.
(Name of Corporation)
(Danish and Klauder (Clauser)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  Edwin Pressur   In Souther Pressur PoA
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314