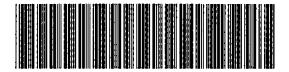
F66506

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(Re	equestor's Name)	
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(Ac	ldress)	
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· (Cit	ty/State/Zip/Phone #	<u> </u>
(Ci	ty/State/Zip/Pilone #	'
PICK-UP		MAIL
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(Bu	isiness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	· ·
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7/14 Resign.

COVER LETTER

SUBJECT: CATHGEN, INC.	(Name of Corporation)
DOCUMENT NUMBER: F665	
	stered Agent for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Pedro A. Martin	
(Name of Per	rson)
Greenberg Traurig, P.A.	
(Name of Firm/C	ompany)
1221 Brickell Avenue	•
(Address))
Miami, FL 33131	•
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Pedro A. Martin	205 570 0545
	at (305 ₎ 579-0545

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Pedro A. Martin	
, <u> </u>	(Name of Registered Agent)	
hereby resigns as Registered Agent f	or CATHGEN, INC.	
	(Name of Corporation)	
F66506		
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last known address.	
this statement is filed.	(Signature of Resigning Agent)	
If signing on behalf of an entity:	TA S	
Pedro A. Martir		
	(Typed or Printed Name)	enter o
Registered Age		T
	(Capacity) (Capacity) (Capacity) (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withdrawn corporation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