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TRANSMITTAL LETTER

| SUBJECT: Amir H. Fatema, M.D., P.A. (Nam | ne of Cor | ooratio | n) | | | | |
|---|-----------|---------------|-----------|-----------|-----------|-------------|----|
| DOCUMENT NUMBER: | | | , | | | | |
| The enclosed Resignation of Registered Agent | for a Co | rporat | ion and | fee are s | ubmitted | for filing | ,• |
| Please return all correspondence concerning th | is matter | to the | followi | ng: | | | |
| Stephen Presser | | | | | | | |
| (Name of Person) | | | | | | i.k | |
| c/o KPS Special Situations Fund | | | | | | | |
| (Name of Firm/Company) | • | | | | | | |
| 200 Park Avenue, 58th Floor | | | | | | | |
| (Address) | | . | | | | | |
| New York, New York 10166 | | | | | | | |
| (City/State and Zip Code) | | | - | E. | • | | |
| For further information concerning this matter, | please c | all: | | | | | |
| Stephen Presser | f (212 | ? ? | 338-5 | 111 | | | |
| (Name of Person) | (Area | Code 8 | & Daytime | e Teleph | one Numbe | er) | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | | | | | | |
|--|-----|--|--|--|--|--|
| orida Statutes, the undersigned,Edwin Presser | | | | | | |
| (Name of Registered Agent) | | | | | | |
| ereby resigns as Registered Agent for Amir H. Fatema, M.D., P.A. | | | | | | |
| (Name of Corporation) | | | | | | |
| (Document Number, if known) | | | | | | |
| copy of this resignation was mailed to the above listed corporation at its last known address. | | | | | | |
| he agency is terminated and the office discontinued on the 31st day after the date on which is statement is filed. | | | | | | |
| Edwin Pressor by Souther Fress POA (Signature of Resigning Agent) | - | | | | | |
| 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
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