

F98000002643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

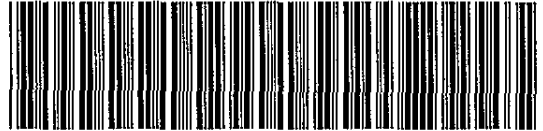
(Business Entity Name)

(Document Number)

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01/31/06--01037--008 \*\*210.00

FILED  
06 JAN 31 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

KA/RCS  
@ 2.3.04

CT CORPORATION

January 26, 2006

RE: ER ASSOCIATES, INC. (FL.DOM.)  
KH ASSOCIATES, INC. (FL.DOM.)  
L.C.D.S. ASSOCIATES, INC. (FL.DOM.)  
PSYCHPARTNERS OF FLORIDA, INC. (DE.DOM.)  
PSYCHPARTNERS NORTH FLORIDA, INC. (DE.DOM.)  
SKH ASSOCIATES, INC. (FL.DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL. 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in amount of \$210.00 to cover the required filing fee.

Very truly yours,

CT CORPORATION SYSTEM

*Theresa Alfieri (lk)*

*Theresa Alfieri*

Senior Supervisor & Assistant Secretary

111 Broadway Avenue  
New York, NY 10011  
Tel. 212 894 8940  
Fax 212 590 9180

**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, C T CORPORATION SYSTEM  
(Name of Registered Agent)


hereby resigns as Registered Agent for PSYCHPARTNERS NORTH FLORIDA, INC.  
(DE DOM.) (Name of Corporation)

F98000002643

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED  
06 JAN 31 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn corporation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**