

PD4000040380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

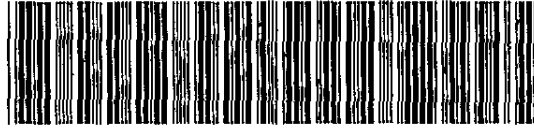
(Business Entity Name)

(Document Number)

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*KA Resign  
T Lewis*

FILED  
2004 JUN 14 AM 8:42  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH BEACH ORTHOTICS AND PROSTHETICS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000040380

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. JOEL WEISS, ESQ.

(Name of Person)

R. JOEL WEISS, P.A.

(Name of Firm/Company)

2131 Hollywood Blvd. #504

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Joel Weiss

(Name of Person)

at ( 954 ) 925-6464

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Daniel Reid  
(Name of Registered Agent)

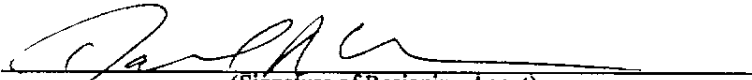
hereby resigns as Registered Agent for South Beach Orthotics and Prosthetics, Inc.  
(Name of Corporation)

P04000040380

(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.

  
\_\_\_\_\_  
DANIEL REID (Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

**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**