P13657

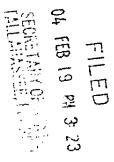
(Requestor's Name)				
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(Business I	Entity Name)			
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Certified CopiesC	ertificates of Status			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THERA-KINETICS, INC. (NJ. DOM.) (Name of Corporation)
DOCUMENT NUMBER: P13657
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THERESA ALFIERI
(Name of Person)
CT CORPORATION SYSTEM
(Name of Firm/Company)
111 8TH AVENUE - 13TH FLOOR
(Address)
NEW YORK, NEW YORK 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
THERESA ALFIERI at (212) 894-8516 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 6	07.1509, or 617.15	09,	
Florida Statutes, the undersigned,	C T CORPORAT		سب	
	(Name of Regist	ered Agent)		·
hereby resigns as Registered Agent for	THERA-KINETICS, INC.	(NJ.)		
	(Name of Cor	poration)		• •
P13657				
(Document Number, if known)			, ,	•
A copy of this resignation was mailed to	the above listed corporation	on at its last knowr	ı address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st da	ay after the date on	which	
Se	alki:	·· ·		**:
(Sig	gnature of Resigning Agent)			
If signing on behalf of an entity:	U			
C T CORPOR	ATION SYSTEM - Theresa	Alfieri		
•	Typed or Printed Name)			······································
ASS	SISTANT SECRETARY			
	(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