

P95000071591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

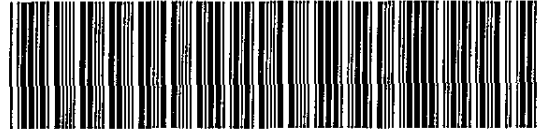
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

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

RA/RES
(102.3.04

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,

C T CORPORATION SYSTEM

Theresa Alfieri(16)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

111 West 111 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)

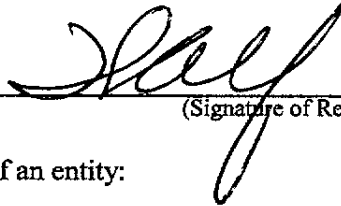
hereby resigns as Registered Agent for KH ASSOCIATES, INC. (FL.DOM.)
(Name of Corporation)

P95000071591

(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**