## P95000011594

(Requestor's Name)	
(Address)	
(Addiess)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
- (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
· ·	
_	



KA RES (14,2,3,06



100064856751

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

DE JAN 31 AM 10: 00
SLUKELANT OF STATE

## **CT** CORPORATION

January 26, 2006

RE: ER ASSOCIATES, INC.

(FL.DOM.)

KH ASSOCIATES, INC.

(FL.DOM.)

L.C.D.S. ASSOCIATRES, INC.

(FL.DOM.)

PSYCHPARTNERS OF FLORIDA, INC. (DE.DOM.)
PSYCHPARTNERS NORTH FLORIDA, INC. (DE.

(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(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

111 Trouble Venue
New Port 105 11911
Tel. 212 894 8940
Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(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	SKH ASSOCIATES, INC. (FL.DOM.)
	(Name of Corporation)
P95000071594	
(Document Number, if known)	_ ·
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
- <del>S</del>	gnature of Resigning Agent)
If signing on behalf of an entity:	
C T CORPORA	TION SYSTEM - THERESA ALFIERI
(	Typed or Printed Name)
- AS	SISTANT SECRETARY
	(Capacity)  g this document:
\$87.50 - Act	g this document: ive corporation ministratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation