P95000015067

	(Requestor's Name)
	(Address)
······	(Address)
	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
**************************************	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
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SECRETARIS OF STATE
SHOKE LARIS OF FLORIDA

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.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 $\underline{1}$ check in amount of $\underline{\$210.00}$ to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

111 Thom/Thevenue
New York 18 19911
Tel. 212 894 8940
Fax 212 590 9180

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2),	607.1509, or 617.1509	9,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM			
	(Name of Registered Agent)			
	ER ASSOCIATES, INC.	(FL.DOM.)		
hereby resigns as Registered Agent for _	(Name of Corporation)			
	(Marine of Corporation)			
P95000075067				
(Document Number, if known)	 .			
A copy of this resignation was mailed to	the above listed corpora	ation at its last known a	address.	
The agency is terminated and the office of this statement is filed.	discontinued on the 31st	day after the date on w	vhich	
- 2 fd	ef			
(Sig	nature of Resigning Agent)			
If signing on behalf of an entity:	O			
if signing on behalf of all chitty.			0	
		70 70	- 67 - (-	
C T CORPORAT	ION SYSTEM - THERES	A ALFIERI	之至也	
. (1	yped or Printed Name)	=	ا من ا	
		Y,	港一日	
ASS	ISTANT SECRETARY		THE TO	
	(Capacity)		GALE 8	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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