(Requestor's Name)	H		
(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:			
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Office Use Only

RA RES Ma, 2.3.06



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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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	(07.0502(2), 617.0502(2), 607.1	509, or 617.1509,
Florida Statutes, the undersigned,	C T CORPORATION	SYSTEM
	(Name of Registered	Agent)
hereby resigns as Registered Agent for	L.C.D.S. ASSOCIATES, INC.	,
	(Name of Corpora	tion)
P96000077047		
(Document Number, if known)	ėvisuos	
A copy of this resignation was mailed to. The agency is terminated and the office	^	
this statement is filed.	discontinued on the 51st day a	ner the date on which
	gnature of Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORAT	ΓΙΟΝ SYSTEM - THERESA ALI	TERI
	Typed or Printed Name)	75 06 170 06
AS	SISTANT SECRETARY	JAN 31 AM ID O
	(Capacity)	- ED
		S. FLO
	g this document:	ORDE
\$87.50 - Act	ive corporation	7

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/