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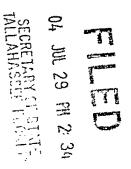
•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Send all correspondence to: POST OFFICE BOX 15200 DAYTONA BEACH, FL 32115

TELEPHONE: (386) 254-6875 FACSIMILE: (386) 257-1834 www.daytonalaw.com

> WILLIAM E. LOUCKS HARRY G. McCONNELL FRANK J. YONG Of Counse!

July 27, 2004

Florida Department of State Division of Corporations Amendment Section P.O. box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed the following documents for filing:

- 1. Transmittal Letter and
- 2. Resignation for Registered Agent for a Corporation.

I have also enclosed our firm's check in the amount of \$35.00 for your standard filling fee.

If you have any questions or require anything further, please contact my office.

Best personal regards.

Very truly yours,

Charles D. Hood, Jr.

CDH/KLT/fc Enclosures

cc: T. Thiruchelvam, M.D. (w/enclosures)

TRANSMITTAL LETTER

10;	Division of Corporations	
SUBJE	ECT: Thambyrantnam Thiruch	nelvam, M.D., P.A.
		(Name of Corporation)
DOCU	UMENT NUMBER: P970000	82637
The en	nclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concer	ning this matter to the following:
Charl	rles D. Hood, Jr.	
	(Name of Person)	
Smith	th, Hood, Perkins, Loucks, Stor	
444.6	•	,
444 8	Seabreeze Blvd., Ste 900 (Address)	
	(Address)	
Dayto	tona Beach, FL 32118	
	(City/State and Zip Co	de)
For fur	urther information concerning this	matter, please call:
Kara	Thomas	at (386) 254-6875 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose or \$35.	sed is a check made payable to the 5.00 for an administratively dissol	e Florida Department of State for \$87.50 for an active corporation ved, voluntarily dissolved or withdrawn corporation.
Amend Divisio P.O. Bo	Idment Section Aidment Section Dispersions Dispersions Dispersions Address Sox 6327 40	treet Address: mendment Section ivision of Corporations 99 E. Gaines Street allahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	SA SE
Florida Statutes, the undersigned, Charles D. Hood, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for Thambyratnam Thiruchelvam, M.D., P.A. (Name of Corporation)	٠ وـ
P97000082637	
(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)	: <u></u>
If signing on behalf of an entity:	
(Typed or Printed Name)	s *
(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