

556427

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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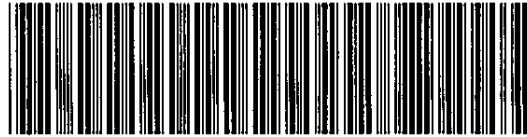
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SPECIALISTS IN UROLOGY, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: 556427

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN THOMPSON  
(Name of Person)

SPECIALISTS IN UROLOGY, P.A.  
(Name of Firm/Company)

990 TAMiami TRAIL NORTH  
(Address)

NAPLES FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAN THOMPSON at ( 239 ) 777-1260  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

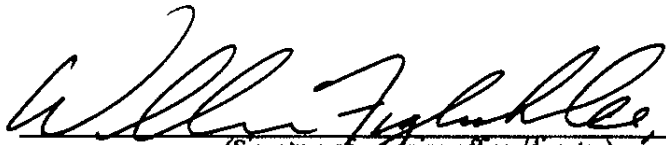
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM M. FIGLESTHALE, hereby resign as PRESIDENT / TREASURER  
(Title)

of SPECIALISTS IN UROLOGY PA  
(Name of Corporation)

556427, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314