

P95000067804

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

100002390751--1

-01/06/98--01035--015
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MED-TEST DIAGNOSTIC, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Resignation

Filed
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
98 JAN -6 PM 4: 10
FILED

Walk in

Pick up time 2:00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION		
<input type="checkbox"/>	Foreign Updater	<i>1/6/98</i>
<input type="checkbox"/>	Limited Partnership	<i>DDN</i>
<input type="checkbox"/>	Reinstatement Verifier	<i>DDN</i>
<input type="checkbox"/>	Trademark Acknowledgment	<i>DDN</i>
<input type="checkbox"/>	Other W.P. Verifier	<i>DDN</i>

RECEIVED
98 JAN -6 AM 10: 51
DIVISION OF CORPORATION

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION


FILED
98 JAN -6 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LAZARO VEGA, hereby resign as PRESIDENT
(Title)

of MED-TEST DIAGNOSTIC, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314