

P96000088137

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEADOWS MRI, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000088137

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

Please return all correspondence concerning this matter to the following:

Alan Whiteman
(Name of Person)

Meadows MRI, Inc.
(Name of Firm/Company)

5101 N.W. 21st Avenue, Suite 440
(Address)

Fort Lauderdale, Florida 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Whiteman at (954) 714-9775
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

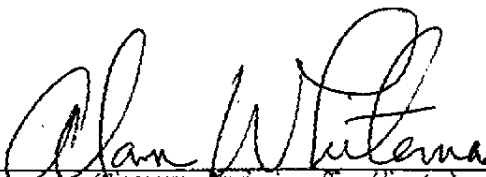
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALAN WHITEMAN, hereby resign as Director and Officer
(Title)

of MEADOWS MRI, INC.
(Name of Corporation)

P96000088137, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)
ALAN WHITEMAN

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA