

P96000088137

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Account Name : STRAWN & MONAGHAN, P.A.
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MEADOWS MRI, INC.

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Officer Resignation

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**OFFICER/DIRECTOR RESIGNATION
FOR A CORPORATION**

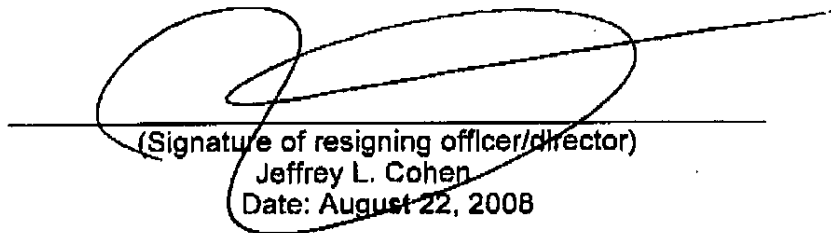
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jeffrey L. Cohen, hereby resign as Director
(Title)

of MEADOWS MRI, INC.
(Name of Corporation)

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

State of Florida.


(Signature of resigning officer/director)
Jeffrey L. Cohen
Date: August 22, 2008

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, FL 32314

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