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TO: Amendment Section Division of Corporations

SUBJECT: Best Diagnostic Care	e Services II, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P980	00058659
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence cor	cerning this matter to the following:
Joseph A. Porrello	
(Name of Perso	on)
Joseph A. Porrello, P.A.	
(Name of Firm/Con	mpany)
P.O. Box 450249	
(Address)	
Miami, Florida 33245	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Joseph A. Porrello	at (305) 374-0092 (Area Code & Daytime Telephone Number)
(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,Betty Batista	, hereby resign as President, see	CRETARY, TREASURUR AND PIRECTOR
of Best Diagnostic Care Services (Name of	II, Inc. f Corporation)	,
(Document Number, if known)	, a corporation organized under the laws of the State of	E
Florida	<u>-</u>	
_ critical	i	SECRETARY OF SIVISION OF CORPO

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