Division of Corporations Electronic Filing Cover Sheet

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(((H120001895893)))



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To:

Division of Corporations

Fax Number : (850)617-6380

JUL 2 6 2012 L. SELLERS

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number: 076447000313

Phone : (305)358-6300 Fax Number : (305)381-9982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION CORAL WAY MRI & DIAGNOSTICS, LLLP

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RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provision	ns of section 620.1116, Florida Statutes, the unc	lersigned,
Corporation Company of Miami		_, hereby resigns as
Na	me of Registered Agent	,
Registered Agent for	Coral Way MRI & Diagnostics, I	
A01000		anio i amoonp
Florida Document Na	·	
The agent is terminate the Florida Departmen	d on the 31 st day after the date on which thit of State. Signature of Registered Agent	s statement is filed by
If signing on behalf of	an entity:	
	Cavell J. Anderson	
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50

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