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## **COVER LETTER**

Division of Corporations	·
SUBJECT: MOLECULAR IMAGI	NG CORPORATION
	(Name of Corporation)
DOCUMENT NUMBER: F9900	0006191
	red Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	cerning this matter to the following:
RAMONA GAGNON	
(Name of Perso	n)
PARACORP	
(Name of Firm/Cor	npany)
PO BOX 160568	
(Address)	· · ·
SACRAMENTO, CA 95816-056	8
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
RAMONA GAGNON	at (888) 272-5448 (Area Code & Daytime Telephone Number)
(Name of Person)	(Arca Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.
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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for MOLECULAR IMAGING CORPORATION
(Name of Corporation)
F9900006191
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
DENISE ZOLLNER
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314