## H16626

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ALLAHASSEE FI 18811.

R.A. Resign.
11 5/20/09

## **COVER LETTER**

то:	Amendment Section Division of Corporations		
SUBJ	IECT: DIAGNOSTIC SERV	ICES, INC.	
		(Name of Corporation	on)
DOC	UMENT NUMBER: H166	26	
The e	nclosed Resignation of Regist	ered Agent for a Corpora	tion and fee are submitted for filing.
Please	e return all correspondence co	ncerning this matter to the	e following:
Tam	ni Gerardi	,	
	(Name of Pers	on)	
Nati	onal Corporate Research, I	Ltd.	
	(Name of Firm/Co	mpany)	
615	South DuPont Highway		
	(Address)		
Dov	er, DE 19901		
	(City/State and Zip	Code)	
For fu	arther information concerning	this matter, please call:	
Way	ne Rafanelli V.P.	at ( 302 )	734-1450 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to 5.00 for an administratively di	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an active corporation olved or withdrawn corporation.
Amen Divisi Cliftor 2661	t Address: dment Section ion of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	as

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, c	or 617.1509,
Florida Statutes, the undersigned, _	National Corporate Research, Ltd In	
_	(Name of Registered Agent	)
hereby resigns as Registered Agent	for DIAGNOSTIC SERVICES, INC.	
	(Name of Corporation)	,
H16626		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its la	ast known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the	e date on which
	(Signature of Resigning Agent)	<del></del>
If signing on behalf of an entity:		F 1 2009 MAY SECRET
Wayne Rafane	elli V.P.	TARY ASSS
	(Typed or Printed Name)	- mg 2 []
Vice President	t - National Corporate Research	2: 03 STATE FLORIDA
	(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withdrawn corporation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