

K12268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

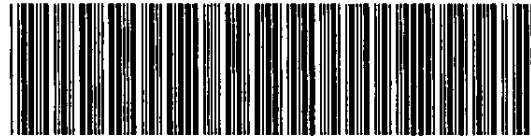
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA MEDICAL IMAGING, P.A.
(Name of Corporation)

DOCUMENT NUMBER: K12268

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOYLYN HINSON

(Name of Person)

SOUTH FLORIDA MEDICAL IMAGING, P.A.

(Name of Firm/Company)

2929 E COMMERCIAL BLVD, SUITE 600

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

JOYLYN HINSON

(Name of Person)

at (**954**) **636-2290**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BERTA MONTALVO, MD, hereby resign as OFFICER
(Title)

of SOUTH FLORIDA MEDICAL IMAGING, P.A.,
(Name of Corporation)

K12268, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Berta M Montalvo MD
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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