402000029019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000060161900

10/10/05--01000---011 **112.50

05 OCT 10 PH 1: 52
SECRETARY OF STATE

RA Res.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Monterey Medical Diagnostic Center L.C. (Name of Limited Partnership)
DOCUMENT NUMBER: LO2000029019
The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nicholas Elliott (Name of Person)
(Name of Firm/Company)
8 NE Lagoon Island Court (Address)
Stuart, FL 34996 (City/State and Zip Code)
For further information concerning this matter, please call:
Nicholas Elliott at (778) 530 - 5000 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$87.50 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

Liability Company resignation of registered agent for a limited partnership

608.416(2)	
Pursuant to the provisions of section (20.1051(2), Fl	lorida Statutes, the undersigned,
Nicholas Elliott (Name of Registered Agent)	, hereby resigns as Registered
Agent for Monterey Medical T	Diagnostic Center, L.C. Liability Company
L D200029 D 19 (Document Number, if known)	

A copy of this resignation was mailed to the above listed partnership 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.

FILING FEE: \$87.50

(Signature)

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