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| (Requ | iestor's Name) | | | |
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| nbbA) | ess) | | | |
| (City/: | State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF THE



BRIDGEWATER -- SUITE A 210 -- 1515 INDIAN RIVER BOULEVARD -- VERO BEACH, FLORIDA 32960-7103 TELEPHONE: 772.778.8885 - FACSIMILIE: 772.778.8883 - E-MAIL: postmaster@rappelhealthlaw.com

December 12, 2013

Florida Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re:

ACCU-MED Diagnostic Centers, L.L.C.

Document/Registration Number: L10000042626

Dear Sir/Madam:

Enclosed please find the completed Resignation of Member, Managing Member or Manager from a Florida Limited Liability Company Form removing Ramon Pazos.("Mr. Pazos") from the above mentioned Company. Additionally, we have enclosed an Accu-Med Diagnostic Centers, LLC, operating check number 2783 for Twenty Five and 00/100th Dollars (\$25.00) for the filing fee.

Please send a verification of acceptance of Mr. Pazos regarding the above company in the enclosed pre-paid self addressed envelope provided for your convenience to the following:

> Robert Rappel, DO, JD Rappel Health Law Group, P.L. 1515 Indian River Boulevard Suite A-210 Vero Beach, FL 32960-7103

Should you have any questions in regard to the enclosed, please contact this office at your convenience.

> Very truly yours, APPEL HEALTH LAW GROUP Professional Limited Liability Company For the Firm

DRR/kav

Enclosures: As stated

t\clients\hochstein, robert\accu-med diagnostic centers. Itc\correspondence\letter to iff division of corp. 12.32.13 doc

ROBERT RAPPEL, D.O., J.D. *†

CRAIG M. RAPPEL, ESQ.*§

COVER LETTER

TO: Registration Section Division of Corporations

Accu-Med Diagnostic Centers, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Rappel, D.O., J.D.

(Contact Person)

Rappel Health Law Group, P.L.

(Firm/Company)

1515 Indian River Blvd. Ste A210

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, D.O., J.D. at (772

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as u-Med Diagnostic Cent | • • | the Florida Department | |
|---------------------------------------|---|--|-------------------------|--|
| 2. This limited liab | ility company was organized | under the laws of: | | |
| 3. The Florida docu L100000426 | ament/registration number of | this limited liability compa | any is: | |
| _{4. I,} Ramon Pazos | | , hereby resign as a Manager (Print Title) | | |
| (Print N | ame of Person Resigning) | | (Print Title) | |
| of this limited lia resignation in wr | 4 | e limited liability company | has been notified of my | |
| | gning Member, Managing M | ember or Manager | 2813 DEC 16 | |
| _ | \$25.00 (Required) | | <u>ೆಕ್ಟ್ ಹ</u> | |
| Certified Copy: | \$30.00 (Optional) | | | |