

108000004189

(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



300283059743

03/15/16--01005--017 \*\*25.00

FILED

RECEIVED

2016 MAR 14 PM 2:13

2016 MAR 14 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

K. SALY  
EXAMINER  
MAR 15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH DIAGNOSTICS LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY ROONEY  
(Name of Person)

HEALTH DIAGNOSTICS  
(Firm/Company)

24 SKIPPER DRIVE  
(Address)

WEST ISLIP NY 11795  
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY ROONEY at (917) 8874731  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
2016 MAR 14 PM 2:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

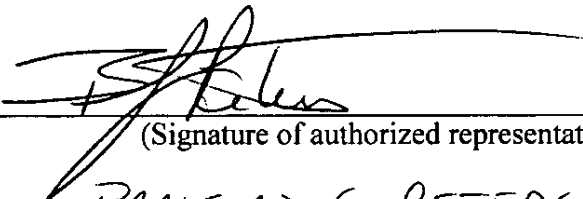
HEALTH DIAGNOSTICS  
(Name of limited liability company)

DELAWARE  
(Jurisdiction of its organization)

9-15-2008  
(Date registered with Florida Department of State)

M08000004189  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)  
BRADFORD G. PETERS  
(Typed or printed name of signee)

**Filing Fee: \$25.00**