M59818

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800262410938

07/28/14--01056--018 **35.00

14 III 28 PHI2: 58

0 DRCS 0 0,4,14

TRANSMITTAL LETTER

SUBJECT: Breast & Ultrasound Diagnostic Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: M59818

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Ramon M. Garcia-Septien, M.D.

(Name of Person)

Breast & Ultrasound Diagnostic Services, Inc.

(Name of Firm/Company)

4980 West 10th Avenue, Suite 102

(Address)

Miami, FL 33012

(City/State and Zip Code)

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

For further information concerning this matter, please call:

(Name of Person)

Mailing Address:

TO:

Amendment Section Division of Corporations

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

Martha Pozo-Diaz

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

305 412-7360
(Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı.} Carlos Exposito	, hereby resign as Director
₀₅Breast & Ultrasoui	nd Diagnostic Services, Inc.
	me of Corporation)
M59818 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	 ·
	COO.
•	(Signature of resigning officer/director)

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