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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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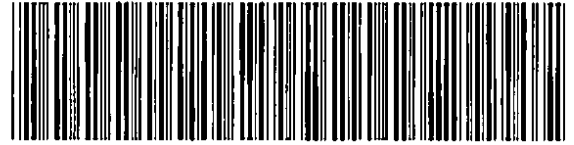
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Refeavers
6/19/25

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arlene M. Weinshelbaum, MD, PA
(Name of Corporation)

DOCUMENT NUMBER: 100000020124

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

Please return all correspondence concerning this matter to the following:

Rob Hardin

(Name of Person)

Doctors Imaging Group, LLC

(Name of Firm/Company)

6685 NW 9th Boulevard

(Address)

Gainesville, FL 32605

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark S. Thomas

at (352) 372-9990
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Arlene M. Weinshelbaum, MD, hereby resign as President
(Title)

of Arlene M. Weinshelbaum, MD, PA
(Name of Corporation)

P00000020124 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Signed by:
Arlene M Weinshelbaum, M.D. 3/20/2025
AA207542B05F43C

(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

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2025 APR 22 PM 3:59
SECRETARY OF STATE
111 ALBANY STREET, 17th FLOOR
TALLAHASSEE, FL 32314