

Powwow 2024

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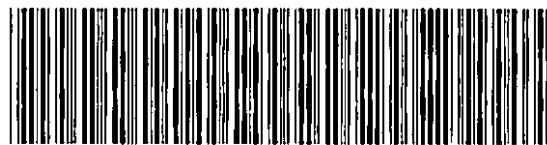
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HARRISBURG, PA 17104

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arlene M. Weinschelbaum, MD, PA

(Name of Corporation)

DOCUMENT NUMBER: 100000020124

The enclosed Resignation of Registered Agent 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

(Name of Person)

at (352) 372-9990

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Arlene M. Weinshelbaum, MD

(Name of Registered Agent)

hereby resigns as Registered Agent for Arlene M. Weinshelbaum, MD, PA

(Name of Corporation)

100000020124

(Document Number, if known)

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

Signed by:

Arlene M. Weinshelbaum, M.D.

AA207542803F43C...

(Signature of Resigning Agent)

3/20/2025

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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