

APR-06-2011 14:36 From:

To: 850 617 6381

P.1/2

P00000/16923

Message Confirmation Report

MAR-29-2011 03:18 PM TUE

WorkCentre M201 Series

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Name/Number : 18506176383#2907  
Page : 2  
Start Time : MAR-29-2011 03:18PM TUE  
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Division of Corporations

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*We are requesting the original file date of 03/29/2011. Thank you.*

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : 18501617-6380

From: Account Name : SHUTTS & SUMMERS, LLP  
Account Number : 076647000313  
Phone : (305)358-5300  
Fax Number : (305)181-9987

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

RECEIVED  
11 APR -6 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 MAR 29 AM 10:03

REGISTERED AGENT RESIGNATION  
CORAL WAY MRI & DIAGNOSTICS, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

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RA Resign.  
04/7/11 DC

3/29/2011

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

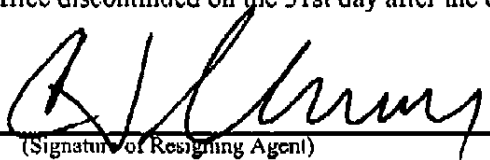
Florida Statutes, the undersigned, Corporation Company of Miami  
(Name of Registered Agent)

hereby resigns as Registered Agent for Coral Way MRI & Diagnostics, Inc.  
(Name of Corporation)

P00000116923  
(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cavell J. Anderson  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

FILED  
11 MAR 29 AM 10:07

**Fee for filing this document:**

\$87.50 - Active corporation

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withdrawn corporation

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