

PO10000002853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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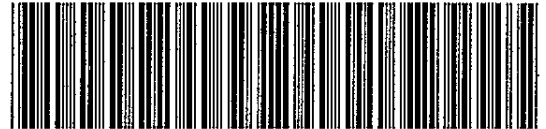
(Business Entity Name)

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TO
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABALLI DIAGNOSTIC INSTITUTE, CO
(Name of Corporation)

DOCUMENT NUMBER: P01000002853

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

HECTOR D. ABALLI
(Name of Person)

ABALLI DIAGNOSTIC INSTITUTE, CO
(Name of Firm/Company)

9788 SW 24th ST
(Address)

MIAMI, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR D. ABALLI at (305-2) 223 0227
(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
409 E. Gaines Street
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAGALY V. ACOSTA, hereby resign as PRESIDENT
(Title)

of ABALLI DIAGNOSTIC INSTITUTE, CO.
(Name of Corporation)

P01000002853, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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