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(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

SUBJECT: ADVANCE XRAY OF PALM BEACH, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0100051880</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
ADVANCE XRAYES PALM BEACH INC (Name of Firm/Company)
(Name of Firm/Company)
3599-2374 AVES, STE 11 (Address)
LAKE WORTH, FL 33461- (City/State and Zip Code)
For further information concerning this matter, please call:
HERMAN APOL at (S61) 585-7433 (Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARITZA T. GILLES, hereby resign as_	SEC/TREAS
	/ (Title)
of ADVANCE XRAY OF PACM (Name of Corporation)	BEACH, INC.
(Name of Corporation)	,
P0100051880, a corporation organized und	er the laws of the State of
FLORIDA.	

Martagly (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