

P01000067464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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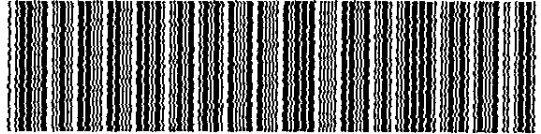
(Business Entity Name)

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2003 MAY 29 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Goulette, JUN 03 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RADIOLOGY & NEUROLOGY CONSULTANTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: PD1000067464.

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

Please return all correspondence concerning this matter to the following:

STEVE KETOVER.
(Name of Person)

RADIOLOGY & NEUROLOGY CONSULTANTS
(Name of Firm/Company)

273 SOUTH STATE RD 7 #290.
(Address)

MARGATE, FL 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE ELVIR. at (954) 970-8283
(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**

FILED
2003 MAY 29 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ANDREW ROBBINS, hereby resign as ST.
(Title)

of RADIOLOGY & NEUROLOGY CONSULTANTS, INC.
(Name of Corporation)

P01000067464, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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