P02000041782

(Requestor's Name)		
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
AND AN ASSEE, FLORIDA

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SUNCOAST IMAG	GING PARTNERS, P.A. (Name of Corporation)
DOCUMENT NUMBER: PO	(Name of Corporation) 2000041782
DOCUMENT NUMBER:	
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Robert W. Clark	
(Name of Pe	rson)
Smith Clark Delesie Bierley M	ueller & Kadyk
(Name of Firm/C	Company)
100 North Tampa Street, Suite	e 2120
(Address	
Tampa, Florida 33602	
(City/State and Z	Cip Code)
For further information concerning	g this matter, please call:
Robert W. Clark	at (813) 226-1880
(Name of Person)	at (813) 226-1880 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



rasa Rajanayagam	, hereby resign as_ SECRETARY
*,	(Title)
of_SUNCOAST IMAGING PART	
(Name	of Corporation)
P02000041782 (Document Number, if known)	, a corporation organized under the laws of the State of
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