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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L.P.O. DIAGNOSTIC MOBILE CENTER, CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000050801

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

Please return all correspondence concerning this matter to the following:

ORESTEBAN CARABEO  
(Name of Person)

L.P.O. DIAGNOSTIC MOBILE CENTER, CORP.  
(Name of Firm/Company)

421 NW 32 CT,  
(Address)

MIAMI, FL. 33125  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO PITA at ( 305 970-5348 )  
(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**

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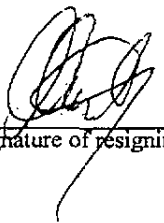
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, ORESTEBAN CARABEO, hereby resign as VICE-PRESIDENT  
(Title)

of L.P.O. DIAGNOSTIC MOBILE CENTER, CORP.  
(Name of Corporation)

P03000050801, 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