P03000050801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

10/6/03

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

CR2E044(11/02)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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