

P03000066007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

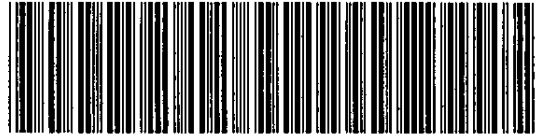
(Business Entity Name)

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TALLAHASSEE, FLORIDA

10/3/08

O/S Resign
Jm

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Breast Health Institute of Orlando, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000066007

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

Please return all correspondence concerning this matter to the following:

Ralph J. Tullo, MD
(Name of Person)

Breast Health Institute of Orlando, Inc.
(Name of Firm/Company)

7025 CR 46A, Ste.1071, #517
(Address)

Lake Mary, Florida 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Tullo at (407) 833-8378
(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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ralph J. Tullo, MD, hereby resign as President & Medical Director
(Title)

of Breast Health Institute of Orlando, Inc.
(Name of Corporation)

P03000066007, 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

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