## P03000068816

(Re	questor's Name)					
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Special Instructions to	Filing Officer:					
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FILED 2008 SEP 30 AM 9: 34

officer Resignation
TB 10/8/08

## **COVER LETTER**

SUBJECT: South 7/orida Radiology Center, Inc. (Name of Corporation)						
DOCUMENT NUMBER: P03000 68816						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Gregoire Garcon (Name of Person)						
(Name of Firm/Company)  4297 N St Rd 7  (Address)						
Lauderdore Lakes 71 3 33 19 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Gregoire Garcon at (954) 600-8557 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE. FLORIDA

I, _	GREGO	oir & Gar	Con	, hereby resign as	VP	~\0\R\0\ <sub>\A</sub> 
					(Title)	
of_	South	Florida (Name	Ra e of Corpo	-diology Cent	er., Inc.	,
12 03 0000 6 88 16 (Document Number, if known)				rporation organized unde		
•	Florida					

(Signature of resigning officer/director)

This was anis take reded to be added as Register agent.

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