

PD3000073992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

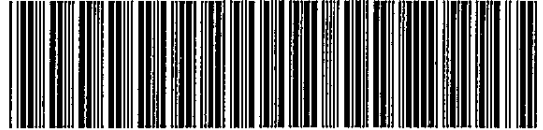
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GMA 85

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Imaging Pros Inc

(Name of Corporation)

**DOCUMENT NUMBER:** P03000073992

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

Please return all correspondence concerning this matter to the following:

Kristian Jacobi

(Name of Person)

Imaging Pros Inc

(Name of Firm/Company)

4010 57 Avenue South , Suite 103

(Address)

Lake Worth Florida 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristian Jacobi

(Name of Person)

at ( 561 ) 969-6661

(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

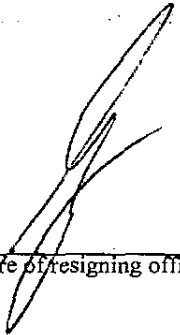
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Francis R. McAlonan Jr, hereby resign as President  
(Title)

of Imaging Pros, Inc.  
(Name of Corporation)

P03000073992, 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

**FILED**  
03 JUL 31 PM 2:50  
STATE  
TALLAHASSEE, FLORIDA