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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omega Medical Diagnostic, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000111506

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

Please return all correspondence concerning this matter to the following:

Elias Murguia
(Name of Person)

Eli Medical Center
(Name of Firm/Company)

7175 SW 8th # 202
(Address)

Miami FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Elias Murguia at (305) 807 5318
(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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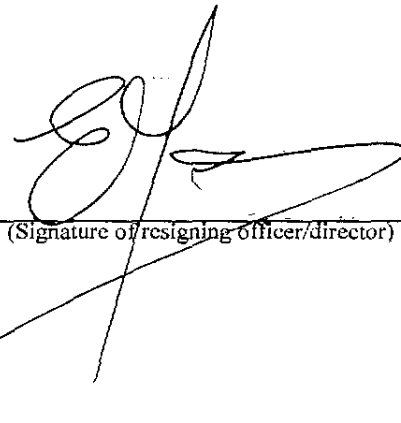
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Elias Munquira, hereby resign as Director / VP
(Title)

of Omega Medical Diagnostic, Inc
(Name of Corporation)

P0300011506, 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