

PO4000/53669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

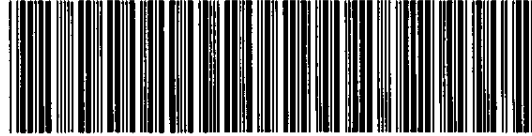
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 FEB - 6 PM 12:41

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDSIGNS IMAGING INC

(Name of Corporation)

DOCUMENT NUMBER: P04000153669

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

Please return all correspondence concerning this matter to the following:

MOISES FAIDENGOLD

(Name of Person)

MEDSIGNS IMAGING INC

(Name of Firm/Company)

289 LANDINGS BLVD

(Address)

WESTON, FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

MOISES FAIDENGOLD at 954 536-2000

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

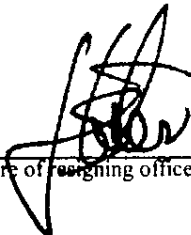
15 FEB -6 PM 12:41

I, HAYIM KATAN, hereby resign as TREASURER
(Title)

of MEDSIGNS IMAGING INC
(Name of Corporation)

P000153669, 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