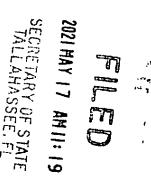


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	nendment Section vision of Corporations
SUBJEC	VIRTUAL RADIOLOGY INC
	(Name of Corporation)
DOCUM	ENT NUMBER: 5189663157CC
The enclo	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please ret	arn all correspondence concerning this matter to the following:
MARILYN	B LANDRY
	(Name of Person)
VIRTUAL.	RADIOLOGY INC
	(Name of Firm/Company)
114	31 Cromuell Ct. (Address)
	(Address)
<u> </u>	City/State and Zip Code)
For furthe	r information concerning this matter, please call:
DANA RO	(Name of Person) at (813 263-6828 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314