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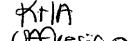
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SECRETARY OF STARE



COVER LETTER

SUBJECT: | & | MOBILE DIAGNOSTIC ULTRASOUND CORP. (Name of Corporation) P05000107210 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IRINA MARRERO (Name of Person) 1 & I MOBILE DIAGNOSTIC ULTRASOUND CORP. (Name of Firm/Company) 4301 NW SOUTH TAMIAMI CANAL DR APT 205 (Address) MIAMI, FL. 33126 (City/State and Zip Code) For further information concerning this matter, please call: IRINA MARRERO (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section
Division of Corporations Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

of Il Inobile diagnachie (Name of Corporati	U thround.	<u> Vico-pro</u>	rci Can
a corporation organized under the laws of the State of	Florida		
That the corporation has been notified in writing of the resignature of resigning of the resignance of	- .	OG OCT 12 PH II: SECRETARY OF STATITAL LAHASSEE, FLORI	FILED

FILING FEE IS \$35.00