

P09000067887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: PRO IMAGE DIAGNOSTICS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000067887

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

Please return all correspondence concerning this matter to the following:

MARK TISCHLER

(Name of Person)

(Name of Firm/Company)

1299 CORPORATE DR APT 209

(Address)

WESTBURY, NY 11590

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK TISCHLER

(Name of Person)

at (610) 908-4947

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mark Tischler, hereby resign as VSD
(Title)

of PRO IMAGE DIAGNOSTICS, INC.,
(Name of Corporation)

P09000067887, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

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