

P09000067887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

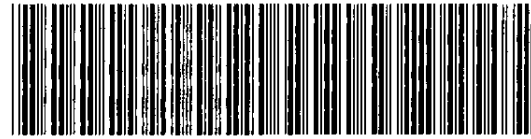
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

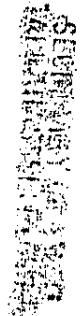
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**COVER LETTER**

**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 at ( 610 ) 908-4947  
\_\_\_\_\_  
(Name of Person) (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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RECEIVED

**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