

P10000017908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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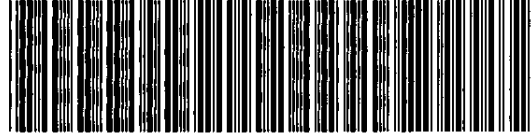
(Business Entity Name)

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Dr / R W Kemp

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11 MAY 16 AM 10:37

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREFERRED SONOGRAPHY SPECIALISTS INC

(Name of Corporation)

DOCUMENT NUMBER: P10000017908

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

Please return all correspondence concerning this matter to the following:

LEONARD AUSTIN

(Name of Person)

PREFERRED SONOGRAPHY SPECIALISTS INC

(Name of Firm/Company)

7243 PINE MANOR DRIVE

(Address)

LAKE WORTH, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARD AUSTIN

(Name of Person)

at (561) 301-8457

(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**

FILED
11 MAY 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LEONARD AUSTIN, hereby resign as VICE PRESIDENT/DIRECTOR
(Title)

of PREFERRED SONOGRAPHY SPECIALISTS INC ,
(Name of Corporation)

P10000017908, 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