

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : MARLOWE & WEATHERFORD, P.A.  
Account Number : 120020000088  
Phone : (407)629-5008  
Fax Number : (407)740-0310

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: wpw@winterparklaw.netRECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT RESIGNATION**  
**DIGITAL RADIOLOGY CENTER INC**

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Electronic Filing Menu

Corporate Filing Menu

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, William S. Maxfield, M.D.

(Name of Registered Agent)

hereby resigns as Registered Agent for Digital Radiology Center Inc

(Name of Corporation)

P10000064278.

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

William S. Maxfield, M.D.  
(Signature of Resigning Agent)

If signing on behalf of an entity:

William S. Maxfield, M.D.  
(Typed or Printed Name)

(Capacity)

**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withdrawn corporation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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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