

P 10000 75986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

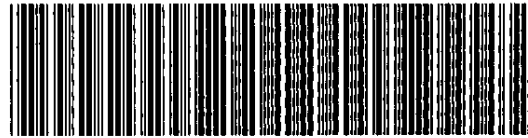
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV - 8 AM 10:49

FILED

*1/1/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Clearlight Diagnostics, Inc. <sup>Center</sup>  
(Name of Corporation)

**DOCUMENT NUMBER:**

P 10000075986

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

Please return all correspondence concerning this matter to the following:

Armando Diaz

(Name of Person)

Clearlight Diagnostics, Inc. <sup>Center</sup>

(Name of Firm/Company)

12916 SW 133 Court

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Armando Diaz

(Name of Person)

at

(561) 324-6187

(Area Code & Daytime Telephone Number)

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

**Street Address:**

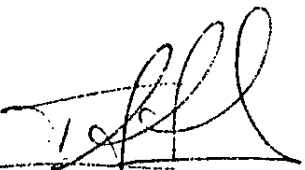
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ihosvany Alvarez, hereby resign as President  
(Title)  
of Clearlight Diagnostics Center, Inc.  
(Name of Corporation)  
910000075986, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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