

P11000 032 230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

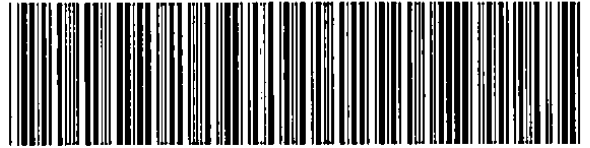
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ADVANCED DIAGNOSTIC SOLUTIONS INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P11000032230**

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

Please return all correspondence concerning this matter to the following:

Brandon Womack

(Name of Person)

ADVANCED DIAGNOSTIC SOLUTIONS INC.

(Name of Firm/Company)

6125 Sherwin Drive

(Address)

Port Richey, FL 34668-6751

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandon Womack

(Name of Person)

at (**352**) **293-2810**

(Area Code & Daytime Telephone Number)

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

2668 AUG -8 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

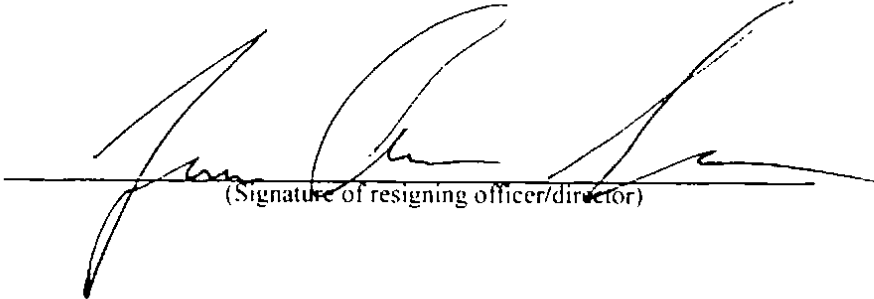
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RECEIVED BY DEPT. OF STATE
TALLAHASSEE, FLORIDA

I, Jim Arnold Jr, hereby resign as CEO
(Title)

of ADVANCED DIAGNOSTIC SOLUTIONS INC.
(Name of Corporation)

P11000032230, 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