

P120000075117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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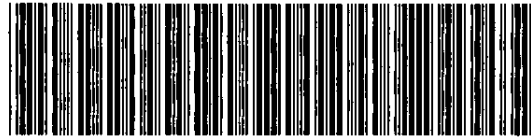
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 12 PM 3:37

OCT 15 2012

T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Universal Mobile Diagnostics Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000075117

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

Please return all correspondence concerning this matter to the following:

Charles Miller

(Name of Person)

Universal Mobile Diagnostics Inc

(Name of Firm/Company)

8401 Lagos Decampo Blvd Apt V-307

(Address)

Tamarac, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Miller

(Name of Person)

at ( 954 ) 933-3344

(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 12 PM 3:38

I, Charles Miller, hereby resign as S/D  
(Title)

of Universal Mobile Diagnostics Inc,  
(Name of Corporation)

P12000075117, 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