

P14000090097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

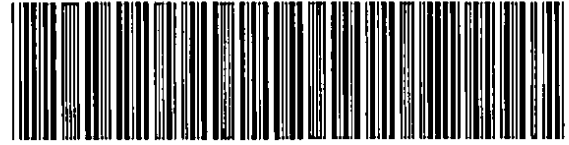
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 07 2013

T. L. F. 1111

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CONCISE DIAGNOSTICS CORP**
(Name of Corporation)

DOCUMENT NUMBER: **P14000090297**

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

Please return all correspondence concerning this matter to the following:

PAOLA HERRAN

(Name of Person)

CONCISE DIAGNOSTICS CORP

(Name of Firm/Company)

5400 SOUTH UNIVERSITY DRIVE SUITE 305B

(Address)

DAVIE, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

PAOLA HERRAN

(Name of Person)

at (**786**) **304-4132**

(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

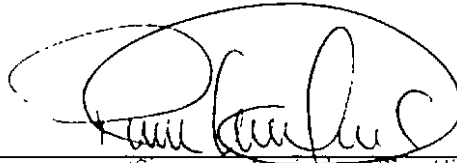
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAOLA HERRAN, hereby resign as DIRECTOR
(Title)

of CONCISE DIAGNOSTICS CORP
(Name of Corporation)

P14000090297, 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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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