

P23000 005640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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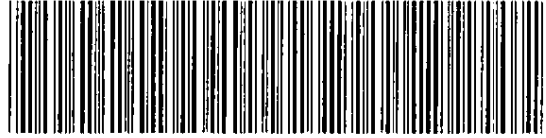
(Business Entity Name)

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S. CHATHAM  
AUG 23 2023

2023 JUL 21 PM 2:05  
S. CHATHAM

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aprimus Diagnostics, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P23000005640  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jack Aronowitz  
\_\_\_\_\_  
(Name of Person)

Aprimus Diagnostics Inc  
\_\_\_\_\_  
(Name of Firm/Company)

6591 Skyline Drive  
\_\_\_\_\_  
(Address)

Delray Beach FL 33446  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jack Aronowitz at (561-654-8190)  
\_\_\_\_\_  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, John Scavo, hereby resign as Secretary Treasurer and Director  
(Title)

of Aprimus Diagnostics, Inc.  
(Name of Corporation)

P23000005640, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
\_\_\_\_\_  
John Scavo

2023 JUN 21 PM 2:05

**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