P93000019877

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

100433029581

07/12/24 -01032--004 ++900.00

TALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

TO: Amendment Section **Division of Corporations**

. . .

SUBJECT: DADE COUNTY MAGNETIC RESONANCE IMAGING, P.A.

(Name of Corporation)

.

DOCUMENT NUMBER: P93000019877

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABE IMPERATO, ESQ.

(Name of Person)

NELSON MULLINS

(Name of Firm/Company)

1 FINANCIAL PLAZA, SUITE 2700

(Address)

FORT LAUDERDALE, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Imperato <u>at 954</u>745-5223

(Name of Person)

(Area Code & Davtime Telephone Number)

ر - ر^ر

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509. Florida Statutes, the undersigned. GABE IMPERATO, ESQ.

(Name of Registered Agent)

hereby resigns as Registered Agent for ______ DADE COUNTY MAGNETIC RESONANCE IMAGING, P.A.

(Name of Corporation)

2024 JUL 18 PM 2: 36

FILED

P93000019877

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity;

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation