

P93000051076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3

Office Use Only



400008719274

11/07/02--01083--004 **35.00

FILED

02 NOV -7 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN NOV 14 2002

ROBIN R JACOBSEN
11202 Saginaw Drive
Temple Terrace, FL 33617

August 12, 2002

Alliance Medical, Inc
517 Second Street West
Bradenton, FL 34205

Attention: Michael Williams, CEO

Reference: Resignation as Officer

Dear Michael:

This correspondence serves as my formal resignation as Secretary (and any other office I
any hold) of Alliance Medical, Inc, effective immediately. I trust you will contact the
State, and make the necessary changes.

Thank you,


Robin R. Jacobsen

cc: file copy

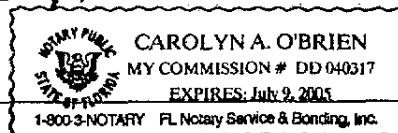
Date this 12th day of August 2002.

Sworn and subscribed before me this 12th day of August 2002.

Notary Public



My Commission expires:



FILED
02 NOV -7 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

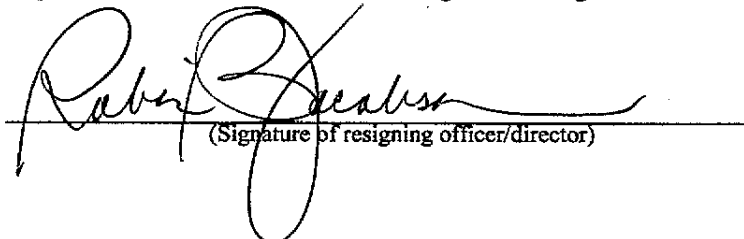
OFFICER / DIRECTOR RESIGNATION

I, Robin R Jacobsen, hereby resign as Secretary
(Title)

of ALLIANCE MEDICAL, INC.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

(see resignation attached)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314