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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

off Resign.

TB FEB. 1 | 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Diagnostic Instrument (orap (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Diagnostic Instrumond leverp (Name of Firm/Company)
E404 Sunstate st (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (613) 754-2523 (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

I,	Lauren Tolain	, hereby resign as	officer	PSD Title)	
of	Dicichospic	In Strong Grap, ne of Corporation)	Inc.	····	, >
	(Document Number, if known)	, a corporation organized unde	r the laws of the	e State of	
	Florida	·			
		(Signature of resigning officer/director)	2010 FEB 10 AM II: 38	FILED

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