P94000070301

(Requestor's Name)
(Address)
(Address)
(City/State/Zin/Dhone #A
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:

Office Use Only



900080584809

10/13/06--01028--005 **87.50

FILED

66 OCT 13 PM 12: 06

SECRETARY OF STATE

Of RA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pogrowal Medical Imaging ING (Name of Corporation)
DOCUMENT NUMBER: P9YUU0007030/
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
REGIONAL MEDICAL IMAGING INC
(Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (454) 792-2236 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6					
Florida Statutes, the undersigned,	JAMES	DAGOS	TIND		
hereby resigns as Registered Agent for	ReGional	Medical e of Corporation)	IMAGING, 1	<u>r</u> ;C	
P94000070301	•				
(Document Number, if known)					
A copy of this resignation was mailed to	o the above listed co	rporation at its	last known address	5.	
The agency is terminated and the office this statement is filed.	discontinued on the	31st day after	the date on which	06 001	П
If signing on behalf of an entity:	gnature of Resigning Ag	ent)	ASSEE. FLORIE	50 TE	LED
,	Typed or Printed Name)		»	., •.	-
	(Capacity)				

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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