

P95000023708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

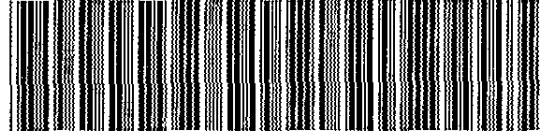
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Kantor  
Reed, P.A.

ATTORNEYS  
AT LAW

 MERITAS LAW FIRMS WORLDWIDE

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ORLANDO, FLORIDA 32801

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JAMES J. HOCTOR  
North Eola Drive Office  
Direct Dial: (407) 418-6254  
jim.hoctor@lowndes-law.com

February 28, 2003

**CERTIFIED MAIL 7099 3400 0008 0390 4451  
RETURN RECEIPT REQUESTED**

Division of Corporations  
Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: Innovative Diagnostics of Kentucky, Inc. (Charter No. P95000023708)**

Dear Madam or Sir:

Enclosed herewith please find a signed Resignation of Registered Agent for the above-referenced company, together with our law firm's check number 148282, payable to the Department of State in the amount of \$35.00 representing the filing fee.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact the undersigned at 407-418-6203.

Very truly yours,

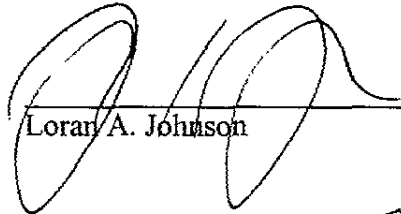
  
James J. Hoctor

JJH/vt  
Enclosures  
0038159/044001/628814-1

**RESIGNATION OF REGISTERED AGENT**

I, LORAN A. JOHNSON, hereby resign as Registered Agent of **INNOVATIVE DIAGNOSTICS OF KENTUCKY, INC.**, Charter No. P95000023708, whose last registered office is located at 215 North Eola Drive, Orlando Florida 32801, said resignation to be effective seven (7) days from the date hereof.

I hereby certify that on this 28<sup>th</sup> day of February, 2003, I have mailed a copy of this notice by certified mail, return receipt requested to Innovative Diagnostics of Kentucky, Inc., to the corporation's principal address at 125 S. Swoope, Apt. 213, Maitland, Florida 32751, and also to Innovative Diagnostics of Kentucky, Inc. c/o CSC Lawyers, Inc. Service Co., 421 W. Main Street, Frankfort, Kentucky 40601.

  
Loran A. Johnson

STATE OF FLORIDA  
COUNTY OF ORANGE

Sworn to and subscribed before me  
this 28<sup>th</sup> day of February, 2003  
by Loran A. Johnson who is personally  
known to me or who produced

\_\_\_\_\_ as identification.



Printed Name: **VERA D. TORRES**  
Notary Public, State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



Vera D. Torres  
MY COMMISSION # CC985137 EXPIRES  
February 25, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

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03 APR -6 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA