

P95000023708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

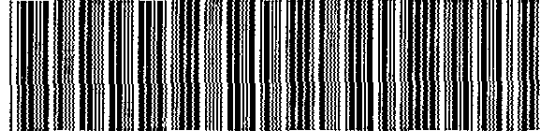
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
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Lowndes
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Doster &
Kantor
Reed, P.A.

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AT LAW

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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,

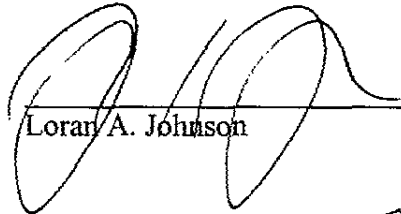

James J. Hoctor

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 28th 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 28th 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.

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