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City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Florida Department of State, SANDRA MORTHAM, SECRETARY OF STATE

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA

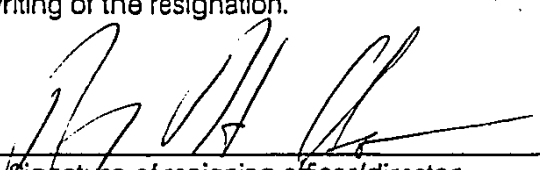
COUNTY OF BROWARD

I, RONNY H. ARONSON after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, RONNY H. ARONSON hereby resign as Vice President and Director of
(Title)

NATIONAL MAMMOGRAPHY CENTERS, INC., a Florida corporation;
(Name of Corporation)
effective March 31, 1997.

That the corporation has been notified in writing of the resignation.



Signature of resigning officer/director

RONNY H. ARONSON

Sworn to and subscribed before me this 22nd day of April, 1997.



NOTARY PUBLIC

My Commission Expires: _____

FILING FEE IS \$35.00

