

P98000020061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

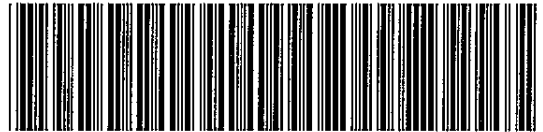
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800061668238

12/05/05--01050--011 **35.00

FILED
05 DEC -5 AM 11:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OD/Res
12/13/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Med Tech Imaging, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P98000020061

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Bloome

(Name of Person)

Gary Bloome, PA

(Name of Firm/Company)

22242 Woodset Lane

(Address)

Boca Raton, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Bloome

(Name of Person)

at (561) 302-2373

(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

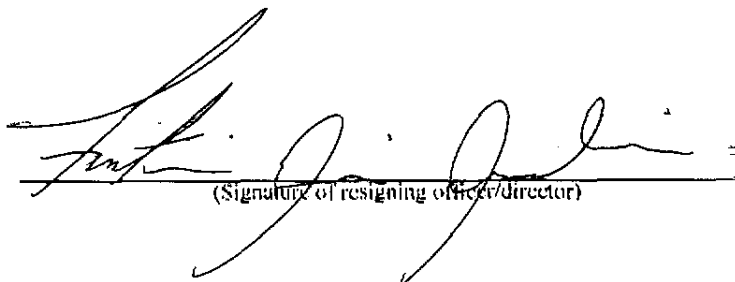
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, A. Futurime Auclair, hereby resign as Vice President
(Title)

of Med Tech Imaging, Inc.
(Name of Corporation)

P98000020061 a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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

FILED
05 DEC -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA