P98000056203

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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TRANSMITTAL LETTER

SUBJECT: New Imaging Cent	er, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P98	8000056203
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Oscar Torres	
(Name of Pe	rson)
New Imaging Center, Inc.	
(Name of Firm/C	Company)
6802 N Armenia, Ave.	
(Address)
Tampa, FI 33604	•
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Oscar Torres	at (813) 931-5522 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Carmen Fernandez	, hereby resign as President/Owner (Title)
of New Imaging Center, Inc.	
P98000056203 , a corp	poration organized under the laws of the State of
Florida (Signature of	of resigning officer/director) Ou FEB 24 PH 12: 40 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