P990000 07801

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





800269321968

02/17/15--01036--003 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLED



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Yvette Almeida	, hereby resign as Director	
	(Time)	
of Diagnostic Image	of America, Inc me of Corporation)	
P9900007801 (Document Number, if known)	, a corporation organized under the laws of the State of	
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

TRANSMITTAL LETTER

SUBJECT: Diagnostic Image of America, Inc

(Name of Corporation)

DOCUMENT NUMBER: P99000007801

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

Please return all correspondence concerning this matter to the following:

Graciela Pozo

Amendment Section
Division of Corporations

TO:

(Name of Person)

Diagnostic Image of America

(Name of Firm/Company)

791 Crandon Blvd # 1204

(Address)

Key Biscayne, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Graciela Pozo

...305 \...206-633

(Name of Person)

Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made 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
2661 Executive Center Circle
Tallahassee, FL 32301