Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001548913)))



H110001548913ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4043

Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

HECEIVED

1 JUN 10 AM 9: 04

ECKETARY OF STATE

ALL AHASSEE, HI ORIDA

REGISTERED AGENT RESIGNATION WEST VOLUSIA MEDICAL IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Helr

6/10/2011

https://cfile.sunbiz.org/scripts/efilcovr.exe



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of sections of	107.0302(2), 617.0302(2), 607.1309, or 617	,1509,
Florida Statutes, the undersigned, _A.	G.C. Co.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	West Volusia Medical Imaging, Inc.	
•	(Name of Corporation)	
P99000047612		
(Document Number, if known)	_	
A copy of this resignation was mailed t	o the above listed corporation at its last kno	wn address.
this statement is filed.	discontinued on the 31st day after the date	on which
If signing on behalf of an entity:		
Kenneth C. Wrigh	nt	7 SEC 25
	Typed or Printed Name)	JUN 10
Vice President		3. /
	(Capacity)	TOP ST
		E C
		,

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Fee for filing this document: \$87.50 - Active corporation