

P99000060340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

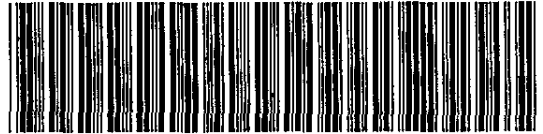
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400063504214

01/12/06--01045--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 12 PM 3:03

O/O Resign.
01/20/06
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mobile Imaging, Inc. _____
(Name of Corporation)

DOCUMENT NUMBER: P99000060340 _____

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

Please return all correspondence concerning this matter to the following:

Joseph A. Porrello

(Name of Person)

Joseph A. Porrello, P.A.

(Name of Firm/Company)

P.O. Box 450249

(Address)

Miami, Florida 33245

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph A. Porrello _____ at (305) 374-0092
(Name of Person) (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, Aida V. Garcia, hereby resign as DIRECTOR, PRESIDENT, SECRETARY & TREASURER
(Title)

of Mobile Imaging, Inc.
(Name of Corporation)

P99000060340, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 12 PM 3:03

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