Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

Email Address: mjf@epicmg.com

NECEIVEE NZMAY-9 PH 4:3

REGISTERED AGENT RESIGNATION PALM BEACH REGIONAL MRI, INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0503(2)$, $617.0502(2)$, 607.1509 , or 6	17.1309,
Florida Statutes, the undersigned, LAWRENCE W. SMITH	
(Name of Registered Agent)	
hereby resigns as Registered Agent for PALM BEACH REGIONAL MRI, INC.	
(Name of Corporation)	
P99000067723	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed. (Signature of Resigning Agent) LAWLENCE W. SMITH	te on which
If signing on behalf of an entity:	2022 HAY —
(Typed or Printed Name)	AY -9 50
(Capacity)	<u> </u>

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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