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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number

: (800)603-5868

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

Email Address: 12L505@ PARASEC. COM

REGISTERED AGENT RESIGNATION OPTIMUM MEDICAL IMAGING SERVICES INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: OPTIMUM MEDICAL IMAGING SERVI	
(Name of Corporation DOCUMENT NUMBER: P18000066306	
The enclosed Resignation of Registered Agent for a Corporation	on and fee are submitted for filing
Please return all correspondence concerning this matter to the	following:
Cori Ann Crosthwaite	
(Name of Person)	
Parasec	
(Name of Firm/Company)	
2804 Gateway Oaks Dr. # 100	
(Address)	
Sacramento, Ca 95833	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Cori Ann Crosthwaite 31/800 5	33-7272
(Name of Person) (Area Code &	Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046 (04/12)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Rocket Lawyer Corporate Services LLC
(Name of Registered Agent)
hereby resigns as Registered Agent for OPTIMUM MEDICAL IMAGING SERVICES INC.
(Name of Corporation)
P18000066306
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Signature of Resigning Agent)
If signing on behalf of an entity:
Edna Perry
(Typed or Printed Name)
Assistant Secretary
(Capacity)
Fee for filing this document: \$87.50 - Active 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

withdrawn corporation

09/17/2019 75:59 PARASEC 0.003/003