

600845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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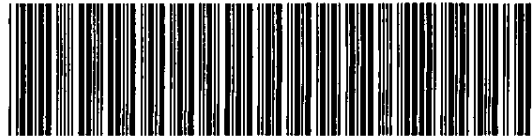
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Anesthesia and Pain Management Consultants, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 600845

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

Please return all correspondence concerning this matter to the following:

Jim Poucher, CEO

(Name of Person)

Medical Anesthesia & Pain Management Consultant

(Name of Firm/Company)

P.O. Box 1180

(Address)

Fort Myers, FL 33902-1180

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Poucher

(Name of Person)

at ( 239 ) 332-5344 x 223

(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

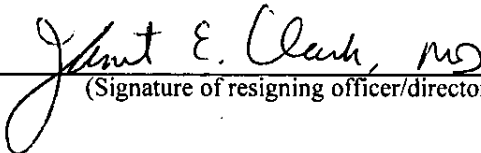
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Janet E. Clark, M.D., hereby resign as Director/Assistant Secretary  
(Title)

of Medical Anesthesia and Pain Management Consultants, P.A.  
(Name of Corporation)

600845, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
12 FEB 28 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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