

F13000005378

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

*RS
21A*
FEB 28 2017

R. WHITE

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

Email Address: WENNY.HEFLEY@INCORP.COM

**REGISTERED AGENT RESIGNATION
GEORGIA PAIN PHYSICIANS, P.C., P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEORGIA PAIN PHYSICIANS, P.C., P.A.
(Name of Corporation)

DOCUMENT NUMBER: F13000005378

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Hefley

(Name of Person)

Incorp Services, Inc.

(Name of Firm/Company)

3773 Howard Hughes Parkway, Suite 500S

(Address)

Las Vegas, NV 89169-6014

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Hefley for Incorp Services, Inc. at (702) 866-2500 ext. 6601

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Incorp Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for GEORGIA PAIN PHYSICIANS, P.C., P.A.

(Name of Corporation)

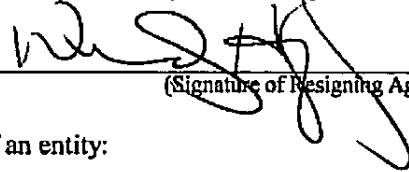
F13000005378

(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.

InCorp Services, Inc.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Wendy Hefley

(Typed or Printed Name)

Authorized Representative

(Capacity)

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

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