

**F92000000137**

**Florida Department of State  
Division of Corporations  
Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000105375 3)))



H080001053753ABC\$

RECEIVED

2008 APR 22 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

Division of Corporations  
Fax Number : (850) 617-6380  
From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

08 APR 22 PM 3:43

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL**

**PAIN CARE OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

*Withdrawal*  
*CUS*  
*@ 4.23.08*

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Pain Care of Florida, Inc.

(Name of Corporation)

F92000000137

(Document Number of Corporation (if known))

Tennessee

(Incorporated Under Laws of)

FILED - STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 APR 22 PM 3:43

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

49 Music Square West, Suite 502

(Mailing Address)

Nashville, Tennessee 37203-3272

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Kerri Kelley Frye  
(Signature of a director, president or other officer - if in the hands of a  
receiver or other court appointed fiduciary, by that fiduciary)

1/24/08  
(Date)

Kerri Kelley Frye

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**