

LOS0000/8/51

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

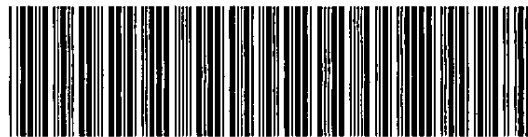
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**NCR** NATIONAL  
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August 11, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: NATIONAL PAIN NETWORK, LLC #L05000018151

Dear Sir/Madam:

Attached for filing is an original and one copy of the Resignation of Registered Agent for the above company. Also attached is our check in the amount of \$25.00 in payment of the filing fee. Please file in your office as quickly as possible, returning evidence of the filing when issued.

If you have any questions or problems regarding this request, do not hesitate to contact this office.

Sincerely,

*Brenda Carter*  
Brenda Carter  
Registered Agent Specialist  
National Corporate Research, Ltd.

BLC  
Enc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIONAL PAIN NETWORK, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000018151

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Carter

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 South DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Carter

(Name of Person)

at ( 800 ) 483-1140

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NATIONAL CORPORATE RESEARCH, LTD., INC., hereby resigns as

(Name of Registered Agent)

Registered Agent for NATIONAL PAIN NETWORK, LLC

(Name of Limited Liability Company)

L05000018151

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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.

Wayne Rafanelli

(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli

(Typed or Printed Name)

Vice President

(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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