

L 34360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700020036747

06/11/03--01050--004 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 JUN 11 AM 9:29

FILED

C. Ouellette JUN 17 2003

LAWRENCE M. PRESSER
ATTORNEY AT LAW
1444 N. STATE RD. 7
MARGATE, FLORIDA 33063
(954) 979-8661
FAX (954) 979-8662

June 6, 2003

**Amendment Section
Division of Corporations
POB 6327
Tallahassee, Florida 32314**

**Re: Director Resignation
Neurotech Laboratory, Inc.
Neurological Pain Control**

Gentlemen:

Enclosed please find Resignation of Miri Michaeli with regard to the above referenced corporations. Checks for \$35 on each are enclosed.

Please file these resignations as soon as possible.

Very truly yours,


Lawrence Presser

Enclosures/

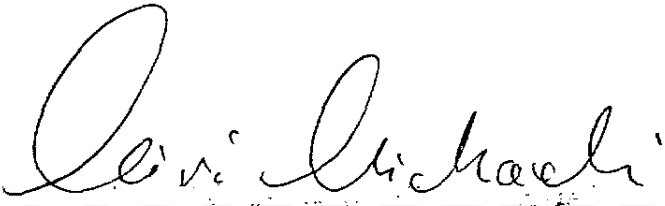
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIRI MICHAELI, hereby resign as Pres., V. Pres., Sec., Tr., Direct.
(Title)

of NEUROLOGIC PAIN CONTROL, INC.
(Name of Corporation)

L34360, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Date: 
(Signature of resigning officer/director)

FILED
2003 JUN 11 AM 9:29
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