

N95 000003407.

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

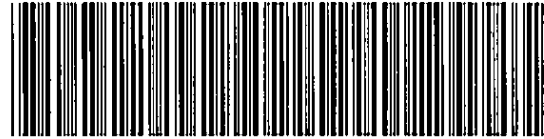
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FILED
2023 MAY -1 AM 7:31
STATE
TALLAHASSEE, FL

of 5/10/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Academy of Pain Medicine, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N95000003407

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:

Abraham Rivera, MD

(Name of Person)

Physicians Partners of America

(Name of Firm/Company)

504 N Reo Street, ~~6820~~

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Abraham Rivera, MD

813

777-0400

at (_____) _____

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2023

ABRAHAM RIVERA, MD
504 N REO STREET
TAMPA, FL 33609

SUBJECT: FLORIDA ACADEMY OF PAIN MEDICINE, INC.
Ref. Number: N95000003407

We have received your document for FLORIDA ACADEMY OF PAIN MEDICINE, INC. and check(s) totaling \$87.95. However, your check(s) and document are being returned for the following:

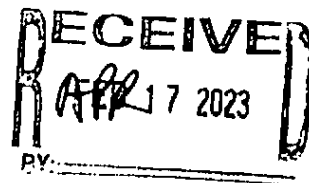
Your check is being returned as it is not payable to this office. Please make your check payable to the Secretary of State and return it in order to complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 323A00005051



2023 MAY -1 AM 7:32

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Shawn Foster

(Name of Registered Agent)

hereby resigns as Registered Agent for Florida Academy of Pain Medicine, Inc.

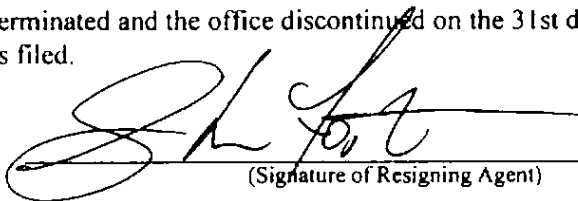
(Name of Corporation)

N95000003407

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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**

DEC 13 2022