

PO10000096403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

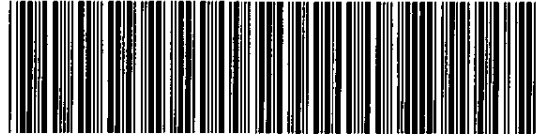
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/08--01010--019 **1.00

01/28/08--01023--016 **34.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 27 AM 9:53

FILED

officer Resignation

TB

2-28-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Pain Management and Rehabilitation Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LETICIA G. ANTONIO
(Name of Person)

Advanced Pain Management and Rehabilitation Center, Inc.
(Name of Firm/Company)

5850 Marlake Drive
(Address)

Orlando, Florida 328⁽³⁾99
(City/State and Zip Code)

For further information concerning this matter, please call:

K. B. Loaknath at (407) 493-4118
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2008

LETICIA ANTONIO
6917 DOLCE STREET
ORLANDO, FL 32819

SUBJECT: ADVANCED PAIN MANAGEMENT & REHABILITATION CENTER,
INC.

Ref. Number: P01000036403

We have received your document for ADVANCED PAIN MANAGEMENT & REHABILITATION CENTER, INC. and your check(s) totaling \$34.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show you are an officer of the corporation on the enclosed printout. If this is correct please correct the corporate name on your document and return it for filing.

The fee to file your document is \$35.

There is a balance due of \$1.00.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 408A00006731

RECEIVED
2008 FEB 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

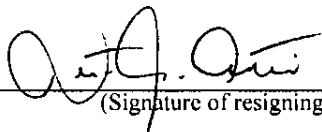
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2008 FEB 27 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, LETICIA G. ANTONIO, hereby resign as Vice President
(Title)

of Advanced Pain Management & Rehabilitation Center, Inc.,
(Name of Corporation)

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


(Signature of resigning officer/director)

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