

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 075064003722
Phone : (888)491-1120
Fax Number : (954)343-6952

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ghignonem@bellsouth.net

REGISTERED AGENT RESIGNATION
COMPREHENSIVE PAIN MANAGEMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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Division of Corporations
STATE OF FLORIDA

2017 DEC 21 A 9:29
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DEC 22 2017
T. LEBAEUX

Handwritten signature

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

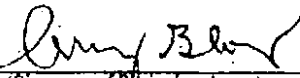
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gregory J. Blodig, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Comprehensive Pain Management Services, Inc.
(Name of Corporation)

P02000068377
(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withdrawn corporation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

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