

P2000075626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

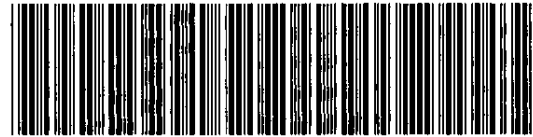
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SECRETARY OF STATE
HALLMARK CENTER
MONTGOMERY, AL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Miami Pain Center
(Name of Corporation)

DOCUMENT NUMBER: P02000075626

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

Please return all correspondence concerning this matter to the following:

Olga Cristina Murciano
(Name of Person)

South Miami Pain Center
(Name of Firm/Company)

6285 Sunset Drive
(Address)

Miami, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Olga C. Murciano at (305) 205-8994
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Olga Cristina Murciano, hereby resign as Secretary
(Title)

of South Miami Pain Center, Inc.
(Name of Corporation)

P02000075626, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Olga Cristina Murciano
(Signature of resigning officer/director)

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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