

PO2000096558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

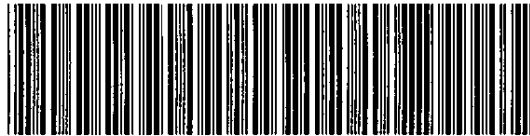
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only.



600152247636

04/28/09--01014--012 **35.00

FILED
09 APR 28 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04/28/09
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAIN Management Group of S Florida, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000096558

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

Please return all correspondence concerning this matter to the following:

Angeline Dozier
(Name of Person)

PAIN Management Group of S Florida, Inc
(Name of Firm/Company)

6100 HOLLYWOOD BND Suite 409
(Address)

HOLLYWOOD, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

Angeline Dozier at (904) 986-0770 April 1, 2009
(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, Angeline Sujer, hereby resign as Officer
(Title)

of Pain Management Group of S Florida, Inc
(Name of Corporation)

PO2000096558 a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Angeline Sujer April 1, 2009
(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

FILED
09 APR 28 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA