

PD2000100509

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAINCARE HOLDINGS 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:

RONALD L. RIEWOLD
(Name of Person)

(Name of Firm/Company)

10520 EMERALD CHASE DR.
(Address)

ORLANDO FL. 32836
(City/State and Zip Code)

For further information concerning this matter, please call:

RON RIEWOLD at (407) 808-2189
(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, RONALD RIEWOLD, hereby resign as PRESIDENT, DIRECTOR
(Title)

of PAIN CARE HOLDINGS, INC.,
(Name of Corporation)

P02000100509, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Ronald R. Riewold
(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

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