

PD3000009517

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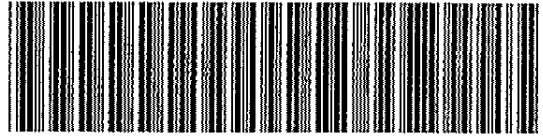
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL PAIN INSTITUTE INC
(Name of Corporation)

DOCUMENT NUMBER: P03000009517

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

Please return all correspondence concerning this matter to the following:

RAMON CASTELLANOS

(Name of Person)

INTERNATIONAL PAIN INSTITUTE INC

(Name of Firm/Company)

4950 SW 8TH STREET SUITE 305

(Address)

CORAL GABLES FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON CASTELLANOS

(Name of Person)

at (305) 443-2315

(Area Code & Daytime Telephone Number)

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

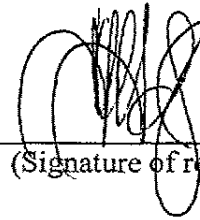
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION

I, TANIA CASTELLANOS hereby resign as
(Title) VIC - PASSIONA of INTERNATIONAL POIN INST (Name of Corp.) a
corporation organized under the laws of the State of Florida and affirm that the corporation has
been notified in writing of the resignation.

Dated at CORAL GABLES, Florida, this _____ of
NOVEMBER, 2004.



(Signature of resigning officer/director)

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TALLAHASSEE