

P03000017108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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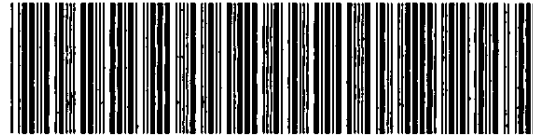
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Resign

G. G. ~~State~~ JUL 16 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARLOTTE PAIN CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000017108

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

Please return all correspondence concerning this matter to the following:

NANCY HARRIS, R.N.

(Name of Person)

CHARLOTTE PAIN CENTER, INC.

(Name of Firm/Company)

3109 TAMIAMI TRAIL, UNIT 3

(Address)

PORT CHARLOTTE, FL 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY STEWART, CPA

(Name of Person)

at (941) 258-3191

(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, RAJAN KALIA, hereby resign as PRESIDENT AND SECRETARY
(Title)

of CHARLOTTE PAIN CENTER, INC.
(Name of Corporation)

P03000017108, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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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