

PO3000018612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 JUL 31 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hollstrom Center for Back & Neck Pain
(Name of Corporation)

DOCUMENT NUMBER: P03000018612

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

Please return all correspondence concerning this matter to the following:

Dr. Sean M. Fallon

(Name of Person)

(Name of Firm/Company)

5288 Seminole Boulevard

(Address)

St. Petersburg, FL 33708

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Sean M. Fallon

(Name of Person)

at (727) 391-4300

(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, Dr. Gregory V. Hollstrom II, hereby resign as Director
(Title)

of Hollstrom Center for Back & Neck Pain, Inc.
(Name of Corporation)

P03000018612, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

See attached
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION

The undersigned hereby resigns as President, Secretary and Treasurer of HOLLSTROM CENTER FOR BACK AND NECK PAIN, INC., a Florida corporation. Said Resignation is effective as of DECEMBER 13, 2005.



GREGORY V. HOLLSTROM, II