

P04 000112247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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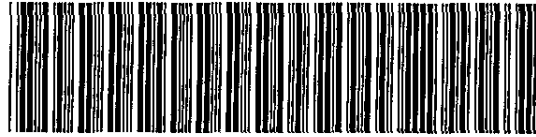
(Business Entity Name)

(Document Number)

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*Off Resign
T. Lewis*

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPREHENSIVE SPINE CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO 4000112247

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

Please return all correspondence concerning this matter to the following:

LEONARD STRICHMAN MD
(Name of Person)

COMPREHENSIVE SPINE CENTER INC.
(Name of Firm/Company)

1931 - A. W. DR. MARTIN LUTHER KING BLVD.
(Address)

TAMPA, FLORIDA 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

VIRGINIA TONKIN at (727) 846-9545
(Name of Person) (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

LEONARD STRICHMAN, M.D., P.A.
NEUROSURGEON
NEUROSURGICAL CONSULTATIONS

Administrative Office
5622 Marine Parkway, Suite # 11
New Port Richey, Florida 34652
(727) 846-9545 FAX: (727) 846-8190

Offices serving:
Lakeland, Spring Hill
and Tampa Areas
Toll Free: 1-888/870-7740

REPLY TO NEW PORT RICHEY

March 30, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

Please be advised that as of February 23, 2005 I, Leonard Strichman, M.D. gave up all shares with :

Comprehensive Spine Center, Inc.
1931 - A W. Dr. M.L. King, Jr. Blvd.
Tampa, Florida 33607

Corporation's employer identification number: 37-1493760

I am no longer a partner nor shareholder with above said corporation.

I would appreciate documentation of this information updated accordingly.

Should you have any questions or in need of any additional information, please feel free to contact my office immediately.

Thank you for your time and attention in this matter.

Respectfully yours,


Leonard Strichman, M.D.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 5, 2005

LEONARD STRICHMAN, M.D., P.A.
5622 MARINE PARKWAY
SUITE #11
NEW PORT RICHEY, FL 34652

SUBJECT: DOCTORS' COMPREHENSIVE SPINE CENTER, INC.
Ref. Number: P04000112247

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis

Document Specialist Supervisor

Letter Number: 405A00023051

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LEONARD STRICHMAN MD, hereby resign as CHAIR PERSON
PRESIDENT
SECRETARY
TREASURER
(Title)

of COMPREHENSIVE SPINE CENTER, INC.
(Name of Corporation)

P04000112247, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

LLMD

(Signature of resigning officer/director)

FILED
05 APR 11 PM 3:31

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