P05000008907

(R€	equestor's Name)
(Ac	ddress)
(Ac	idress)
· (Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

Division of Corporations		
SUBJECT: Paincare Acquisition	on Company XVII, Inc.	
	(Name of Corporation)	
DOCUMENT NUMBER: POS	000008907	
The enclosed Resignation of Reg	stered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
Aren Williams		
(Name of P	erson)	
•		
(Name of Firm/	Company)	
1030 N. Orange Ave, Ste. 10	5	
(Addres	s)	
Orlando, FL 32801		
(City/State and	Zip Code)	
For further information concerning	g this matter, please call:	
Aren Williams (Name of Person)	at (407) 367-0944 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payabl or \$35.00 for an administratively	e to the Florida Department of State for \$87.50 for an active corpordissolved, voluntarily dissolved or withdrawn corporation.	ratio
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	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	is 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _	Aren Williams
, , , ,	(Name of Registered Agent)
hereby resigns as Registered Agent for	for Paincare Acquisition Company XVII, Inc.
	(Name of Corporation)
P05000008907	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Signature of Resigning Agent)
	(Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)