

PD60000132977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

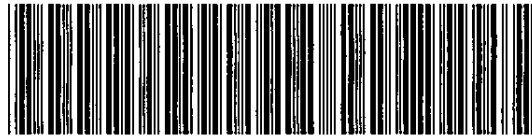
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07 AUG 28 AM 11:55

CLERK OF STATE  
ALLAHASSEE, FLORIDA

T. Roberts SEP 04 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A Pain Clinic of Delray, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000132977

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. John Battilana  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9131 EQUUS Circle  
(Address)

Boynton Beach, FL 33437  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Battilana at (561) 740-7207  
(Name of Person) (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**

FILED

07 AUG 28 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, John Battilana, hereby resign as OFFICER / Director  
(Title)

of A Pain Clinic OF Delray, Inc.  
(Name of Corporation)

P06000132977, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

John Battilana  
(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