

PO70000009157

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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*Resignation
of officer*

04/27/10--01030--005 **35.00

FILED
2010 APR 27 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
K 29 10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Pain Management Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000009157

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

Please return all correspondence concerning this matter to the following:

Steven Duker
(Name of Person)

Dubrow Duker & Associates, P.A.
(Name of Firm/Company)

5401 N. University Drive, # 204
(Address)

Coral Springs, FL 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven D. Duker at (954) 345-0323
(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

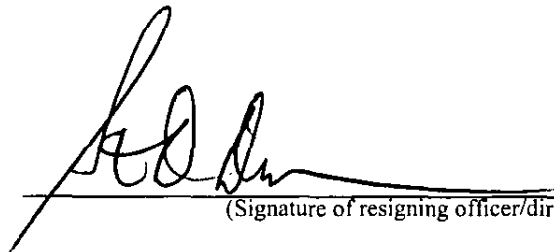
Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Steven D. Duker, hereby resign as Treasurer
of Medical Pain Management Group, Inc.
P07000009157, a corporation organized under the laws of the State of
Florida

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SECRETARY OF STATE
TALLAHASSEE, 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