

P07000051826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

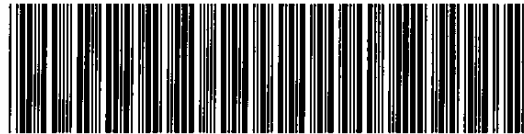
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Officer Resign
Erin Murphy
1/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DADE PAIN MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000051826

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

Please return all correspondence concerning this matter to the following:

James B. Lyon, Esq.
(Name of Person)

James B. Lyon, P.A.
(Name of Firm/Company)

3300 University Drive, Suite 802
(Address)

Coral Springs, Florida 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Lyon at (954) 752-3400
(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

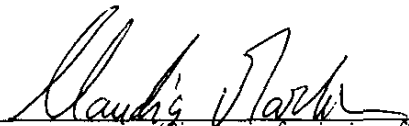
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Claudia Marlin, hereby resign as Secretary and Treasurer
(Title)

of Dade Pain Management, Inc.,
(Name of Corporation)

P07000051826, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)
Claudia Marlin

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TALLAHASSEE, FLORIDA

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