

PD7000097418

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P07000097418

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

Please return all correspondence concerning this matter to the following:

Ross Firtell

(Name of Person)

ROSS FIRTELL, P.A.

(Name of Firm/Company)

6100 Glades Road #201

(Address)

Boca Raton, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Ross Firtell, Esq.

(Name of Person)

at (561) 271.8700

(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, ANDREA LAMKIN, hereby resign as Director, Pres, Treas, Sec,
(Title)

of QUALITY PAIN MANAGEMENT, INC.
(Name of Corporation)

P07000097418, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

Andrea Lamkin 9/3/10

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SECRETARY OF STATE
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