

PO8000044496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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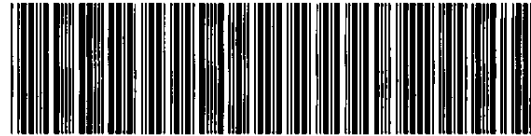
(Business Entity Name)

(Document Number)

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off. Resign.

TB

SEP 15 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chronic Pain Management Centers, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000044496

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

Please return all correspondence concerning this matter to the following:

Norman Moskowitz

(Name of Person)

Norman Moskowitz, M.D., P.A.

(Name of Firm/Company)

3900 Island Blvd. # 205

(Address)

Aventura, Florida 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Norman Moskowitz, M.D.

(Name of Person)

at (305) 937-7010

(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, Norman Moskowitz, M.D., hereby resign as Vice-President/Director
(Title)

of Chronic Pain Management Centers, Inc.
(Name of Corporation)

P08000044496, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

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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