

P09000004936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

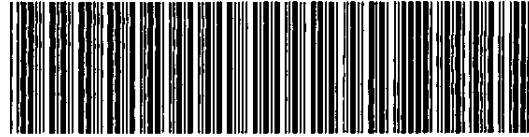
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400212642014

11/28/11--01025--036 \*\*35.00

FILED  
NOV 28 PM 4:11  
SECRETARY OF STATE  
MAIL ROOM

AD Resign.

12/01/11

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL PAIN MANAGEMENT CLINIC INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000004936

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

Please return all correspondence concerning this matter to the following:

LESLIE E DOLIN

(Name of Person)

LESLIE E DOLIN CPA

(Name of Firm/Company)

5285 SW 38 AVE

(Address)

FT LAUDERDALE, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE E DOLIN

(Name of Person)

at ( 954 ) 965-4666

(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, EREZ COHEN, hereby resign as PRESIDENT  
(Title)

of PROFESSIONAL PAIN MANAGEMENT CLINIC INC.  
(Name of Corporation)

P09000004936, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X   
(Signature of resigning officer/director)

FILED  
NOV 28 PM 4:11  
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