

PO9000015633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

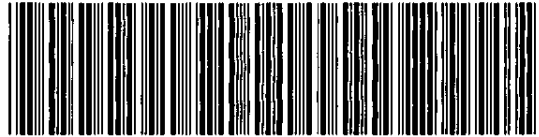
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400167646944

03/03/10--01023--016 **35.00

APPROVED
AND
FILED
10 MAR -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/18/10
72

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medhealth Pain Management, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P09000015633

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

Please return all correspondence concerning this matter to the following:

Glenn Barrist, C.P.A.

(Name of Person)

Barrist & Barrist, P.A.

(Name of Firm/Company)

5500 S. Flamingo Road Suite 203

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Barrist, C.P.A.

at (954) 252-1234

(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

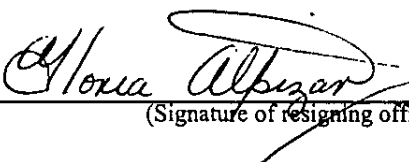
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Gloria Alpizar, hereby resign as Vice President
(Title)

of Medhealth Pain Management, P.A.
(Name of Corporation)

P09000015633, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

10 MAR -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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