↓ (Requestor's Name) (Address) (Address)	400179957844
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TO MAY 24 PH 2: 58 SECRETARY OF STATE ODD
Office Use Only	Resign. MAY 252010 DC

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Northeast Florida Pain and Urgent Care

(Name of Corporation)

DOCUMENT NUMBER:_

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

Please return all correspondence concerning this matter to the following:

David Stevens

(Name of Person)

Northeast Florida Pain and Urgent Care

(Name of Firm/Company)

1132 Randolph Street

(Address)

Jacksonville, FL 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

 David Stevens
 at (______)
 294-2816

 (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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ronald E. Taylor, Jr.	, hereby resign as vice-president
•)	(Title)
of Northeast Florida Pain and Urg	ent Care Inc.
	Corporation)
(Document Number, if known)	a corporation organized under the laws of the State of
Florida	

1 (Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

124 PM 2:53

-1-44

BF SIATE

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314