

P100000046335

(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



000195775350

02/24/11--01008--005 **35.00

FILED

2011 FEB 24 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

T. Brown 2/24/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Pain Injury Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000046335

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

Please return all correspondence concerning this matter to the following:

Charles McElaney

(Name of Person)

(Name of Firm/Company)

8268 NW 127 Lane

(Address)

Parkland, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles McElaney

at (304) 771-9978

(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**

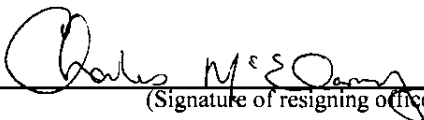
FILED
2011 FEB 24 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Charles McElaney, hereby resign as President/Director
(Title)

of Miami Pain Injury Center, Inc.,
(Name of Corporation)

P10000046335, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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