

P10000076520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

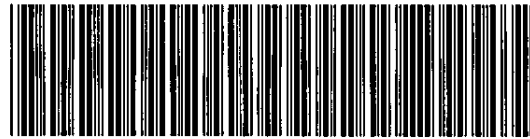
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

AUG 28 2014  
G. CARROLL

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FL NEURO PAIN AND SPINE CENTER PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000076520

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

Please return all correspondence concerning this matter to the following:

**WESLEY JOHNSON**

(Name of Person)

**FL NEURO PAIN AND SPINE CENTER, PA**

(Name of Firm/Company)

**1008 JENKS AVENUE**

(Address)

**PANAMA CITY, FL 32401**

(City/State and Zip Code)

For further information concerning this matter, please call:

**WESLEY JOHNSON** at **850** **532-1979**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

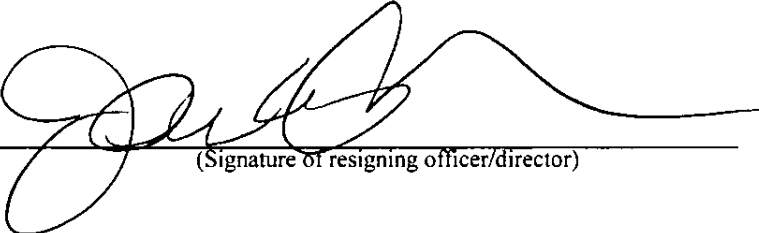
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JAMES JOHNSON, hereby resign as VICE PRESIDENT  
(Title)

of FL NEUROPAIN AND SPINE CENTER, PA,  
(Name of Corporation)

P10000076520, 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

**FILED**  
14 AUG 25 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA