

P110000088357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

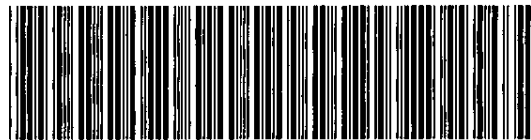
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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800234649048

*Resignation  
of Officer*

05/07/12--01038--006 \*\*192.50

FILED  
2012 MAY -7 PM 3:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*5/11/12*

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2012 MAY -7 PM 3:28**

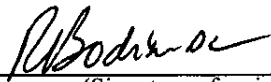
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, ROBERT M. BODINE, hereby resign as OWNER/DIRECTOR  
(Title)

of BODY PAIN MEDICAL CENTER, INC.  
(Name of Corporation)

P11000088357, 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