

PI10000088357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

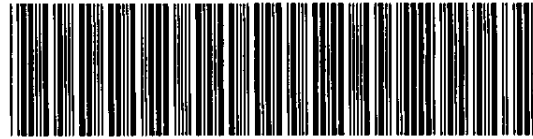
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900234649039

Resignation
to RA

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

2012 MAY -7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*00789, 00524, 00672

DR
5/30/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2012

Barry W. Sutpin
Body Pain Medical Center, Inc.
11680 Bonita Beach Road #100
Bonita Springs, FL 34134

SUBJECT: BODY PAIN MEDICAL CENTER, INC.
Ref. Number: P11000088357

We have received your document for BODY PAIN MEDICAL CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Robert M. Bodine is not listed as the registered agent. Please see the attached printout.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 112A00014159

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 30 AM 8:03
NOT RETURNED
TO ATTORNEY
SUFFICIENCY OF FILING

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2011
2012 MAY -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____

Jenny Torres

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

Body Pain Medical Center, Inc.

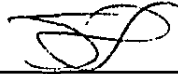
(Name of Corporation)

P11000068357

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**