

P17000077563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

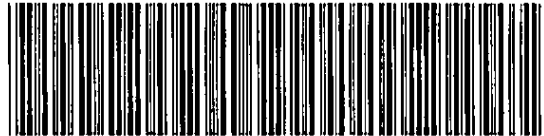
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2018 MAY 29 AM 11:41

MAY 31 2018  
J. McNAIR

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DIVISION OF CORPORATIONS  
2010 MAY 29 AM 11:41

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Daniel Schaffer, M.D. PA  
(Name of Corporation)

DOCUMENT NUMBER: P17000077563

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

Please return all correspondence concerning this matter to the following:

Angela Schaffer  
(Name of Person)

Florida Pain Care  
(Name of Firm/Company)

6405 SW 37 Way  
(Address)

Gainesville FL 32608  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Schaffer at (352) 3542506  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 MAY 29 AM 11:41

I, Angela Schaffner, hereby resign as Manager  
(Title)  
of Daniel Schaffner M.D. PA  
(Name of Corporation)  
P17000077563, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Angela Schaffner  
(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