

P9500005234

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brevard Orthopaedic, Spine & Pain Clinic, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000075234

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

Please return all correspondence concerning this matter to the following:

**Sabrina Dieguez**

(Name of Person)

**Smith & Associates**

(Name of Firm/Company)

**1499 S. Harbor City Boulevard, Suite 202**

(Address)

**Melbourne, FL 32901**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Sabrina Dieguez**

(Name of Person)

at ( **321** ) **676-5555**

(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, Li J. Voepel, hereby resign as Director  
(Title)

of Brevard Orthopaedic, Spine & Pain Clinic, Inc.  
(Name of Corporation)

P95000075234, 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

16 DEC 19 PM 4:28  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE