

1990000 13682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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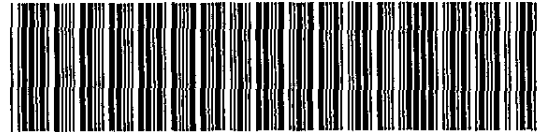
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APEX MEDICAL AND PAIN MANAGEMENT CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: P99000013682

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

Please return all correspondence concerning this matter to the following:

MARY JUNE GONZALES-ANDAYA

(Name of Person)

APEX MEDICAL & PAIN MANAGAMENT CENTER,

(Name of Firm/Company)

2310 W. WATERS AVENUE, STE-B

(Address)

TAMPA, FLORIDA

(City/State and Zip Code)

For further information concerning this matter, please call:

EMIDIO J. GERMINO

at (813) 931-5857;

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARY JUNE GONZALES-ANDAYA, hereby resign as DIRECTOR (Title)
of APEX MEDICAL & PAIN MANAGEMENT, INC. (Name of Corporation)

P99000013682, 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

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TALLAHASSEE, FLORIDA