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Florida Department of State
Division of Corporations
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**REGISTERED AGENT RESIGNATION
ARTHRITIS AND BACK PAIN CENTERS, INC.**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUG/12/2014/TUE 10:10 AM

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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, DR. RAFAEL R. REY

(Name of Registered Agent)

hereby resigns as Registered Agent for ARTHRITIS AND BACK PAIN CENTER, INC.

(Name of Corporation)

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(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.

(X)

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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