

176237

(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:

C

Office Use Only



600241485326

600241485326
11/07/12--01027--005 **70.00

11/8/12 RW
O/D Res

FILED
12 NOV - 7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIBERISLAWFIRM

Benjamin L. Alexander
Megan E. Alexander
Richard M. Beckish, Jr.*
Melanie A. Essary
Charles S. Liberis
Christopher K. Ritchie

*Also Admitted to Alabama

November 5, 2012

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Roberts Chiropractic Center, PA

Enclosed are the following items:

1. Resignation of Edwin P. Roberts,
2. Articles of Amendment,
3. Check in the amount of \$70.00 payable to the Florida Secretary of State to over both filing fees.

Please call me if you have any questions. Thank you.

Sincerely,

Melanie A. Essary

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert Chiropractic Center, P.A.
(Name of Corporation)

DOCUMENT NUMBER: L76237

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

Please return all correspondence concerning this matter to the following:

Melanie Essary

(Name of Person)

Liberis Law Firm PA

(Name of Firm/Company)

212 W. Intendencia Street

(Address)

Pensacola, FL 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Essary

(Name of Person)

at **(850) 438-9647**

(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

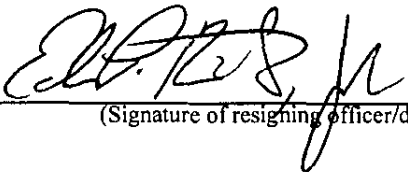
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Edwin P. Roberts, Jr., hereby resign as Director
(Title)

of Roberts Chiropractic Center, P.A.
(Name of Corporation)

L76237, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
12 NOV - 7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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