

PD2000061300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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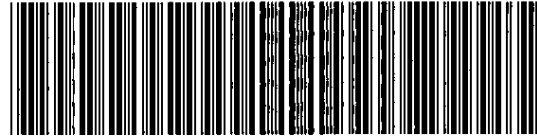
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

02/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P02000061300

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Dr. Alan J. Schwartz

(Name of Person)

(Name of Firm/Company)

1340 Tuskawilla Road Suite 112

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Alan J. Schwartz

(Name of Person)

at (407) 699-4420

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

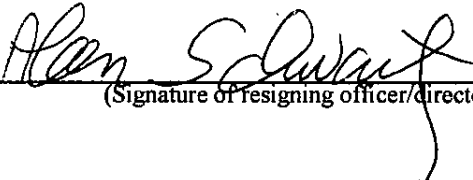
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alan Schwartz, hereby resign as President, Sec., Treas., Dir.
(Title)

of Winter Springs Chiropractic Center, P.A.
(Name of Corporation)

P02000061300, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
11 JUN 20 AM 9:55
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