

P03000127662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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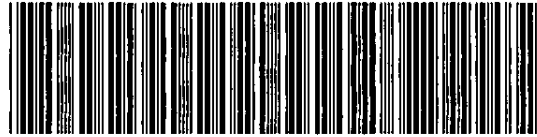
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 SEP 9 AM 8:02

Roberts SEP 14 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chiropractic Wellness Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000127662

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

Please return all correspondence concerning this matter to the following:

Elena Morreale
(Name of Person)

10031 A North Dale Mabry Hwy
(Name of Firm/Company)

(Address)

Tampa FL 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

DR Elena Morreale at (813) 968-5404
(Name of Person) (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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -9 AM 8:03

I, Dr. Elena M. Morreale, hereby resign as President
(Title)

of Chiropractic Wellness Center, Inc.
(Name of Corporation)

PD3000127662, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Dr. Elena M. Morreale
(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