

POS000046245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

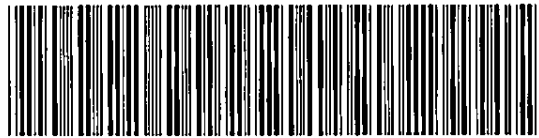
(Business Entity Name)

(Document Number)

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OCT 23 P 1:45

CLERK OF COURT  
TALLAHASSEE, FLORIDA

OCT 23 2017

1. FILING

10

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PARAMOUNT CHIROPRACTIC, INC.  
(Name of Corporation)

DOCUMENT NUMBER: POS000046345

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 GERALD RAFTOPOULOS  
(Name of Person)

PARAMOUNT CHIROPRACTIC, INC.  
(Name of Firm/Company)

9121 NORTH MILITARY TRAIL, SUITE 104  
(Address)

PALM BEACH GARDENS, FL. 33410  
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD RAFTOPOULOS at (561) 371-3326  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

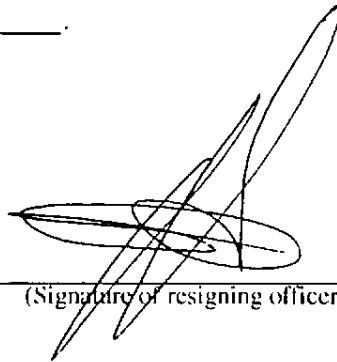
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHAEL J COHEN, hereby resign as VICE PRESIDENT/TREASURER  
(Title)

of PARAMOUNT CHIROPRACTIC  
(Name of Corporation)

P 050000046345, 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

**FILED**  
OCT 23 P 1:45  
TALLAHASSEE, FLORIDA