

P05000077126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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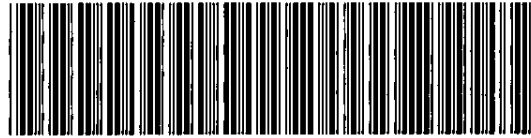
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
11 DEC 19 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
11/19/11  
11/19/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Best Care Chiropractic Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000077126

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coretta Anthony-Smith, Esq.  
(Name of Person)

Anthony-Smith Law, P.A.  
(Name of Firm/Company)

1701 Park Center Drive, Suite 203  
(Address)

Orlando, Florida 32835  
(City/State and Zip Code)

For further information concerning this matter, please call:

Coretta Anthony-Smith, Esq. at ( 407 ) 299-8589  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes the undersigned, Coretta Anthony-Smith, Esq., Anthony-Smith Law, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Best Care Chiropractic Center, Inc.

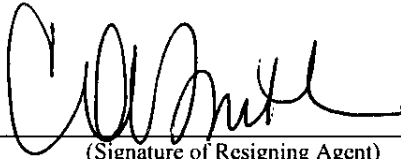
(Name of Corporation)

P05000077126

(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 31<sup>st</sup> day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Coretta Anthony-Smith, Esq.

(Typed or Printed Name)

Registered Agent

(Capacity)

11 DEC 19 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**Fee for filing this document:**

\$87.50 – Active corporation

\$35.00 – Administratively dissolved/ voluntarily dissolved/  
withdrawn corporation

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