

P08000054834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Good Care Chiropractic Center, inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000054834

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

Please return all correspondence concerning this matter to the following:

Marc E. Schweitzer

(Name of Person)

(Name of Firm/Company)

1920 East Hallandale Beach Blvd, Suite 901

(Address)

Hallandale, Florida 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc E. Schweitzer

(Name of Person)

at ( 305 ) 867-0117

(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

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14 JUL 29 PM 1:30  
TALLAHASSEE, FL

Marc E. Schweitzer  
1920 East Hallandale Beach Blvd  
Suite 901  
Hallandale, Florida 33009

July 3, 2014

Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Good Care Chiropractic Center, Inc.

To whom it may concern:

The undersigned is enclosing herewith resignations for the above company in the capacity as officer and registered agent. I have spoken with Lee Yarborough to advise him that I never authorized my name to be affiliated with the above company in either of these capacities and that the electronic signature used was not mine or used with my authority. I am sure the credit card used will reflect the party who did this. I request that my name be stricken from the records of this company for this reason. Should you have any questions, please do not hesitate to contact me at (305) 867-0117 or mschweitzer@aol.com.

*Marc E. Schweitzer, D.C.*

Marc E. Schweitzer, DC

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Marc E. Schweitzer, hereby resign as President  
(Title)

of Good Care Chiropractic Center, inc.  
(Name of Corporation)

P08000054834, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida as I have never authorized my name to be used in any official  
capacity with the Corporation.

Marc E. Schweitzer  
(Signature of resigning officer/director)

FILED  
14 JUL 29 PM 1:30  
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