

P08000054834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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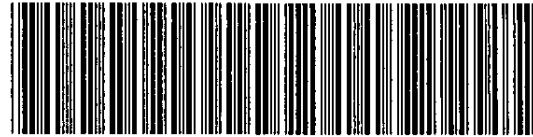
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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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SECRETARY OF STATE
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

**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, Marc E Schweitzer

(Name of Registered Agent)

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

(Name of Corporation)

P08000054834

(Document Number, if known)

as I never authorized my name to be used in the capacity as
registered agent for the Corporation

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 31st day after the date on which
this statement is filed.

Marc E. Schweitzer
(Signature of Resigning Agent)

If signing on behalf of an entity:

MARC E. SCHWEITZER
(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA

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