

PD8000054834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

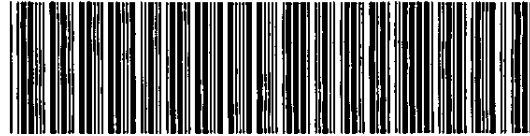
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 20 2015

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Good Care Chiropractic Center Inc  
(Name of Corporation)

DOCUMENT NUMBER: P08000054834

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:

Bruce Kammerman

(Name of Person)

(Name of Firm/Company)

~~11406 SW Meadowlark Cir~~ 844 SW Habitat Lane  
(Address)

Stuart, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Kammerman

(Name of Person)

at (954) 562-5051

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Bruce Kammerman, hereby resign as President/Director  
(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.



(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

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