

PO8000054834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400271703114

04/14/15--01016--015 \*\*87.50

FILED

15 APR 14 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2015

BRUCE KAMMERMAN  
844 SW HABITAT LANE  
STUART, FL 34990

SUBJECT: GOOD CARE CHIROPRACTIC CENTER INC  
Ref. Number: P08000054834

We have received your document for GOOD CARE CHIROPRACTIC CENTER INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$87.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 815A00005719

RECEIVED  
15 APR 10 PM 2:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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:

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 at (954) 562-5051  
(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

**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, Bruce Kammermn

(Name of Registered Agent)

hereby resigns as Registered Agent for Good Care Chiropractic Center Inc


(Name of Corporation)

P08000054834

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

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Bruce Kammermn  
(Typed or Printed Name)

President  
(Capacity)

**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**

FILED  
15 APR 14 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA