

POB000085830

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off Resign  
Ther's  
10-27-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chiropractic Pain Clinic of Boggy Creek, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PD8000085830

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

Please return all correspondence concerning this matter to the following:

Cesar O. Irizarry, D.C.  
(Name of Person)

NA  
(Name of Firm/Company)

5771 Crowntree Ln. #203 Bldg 5  
(Address)

Orlando, FL 32829  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Cesar O. Irizarry at ( 407 ) 272-7283  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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**

**FILED**

2009 OCT 23 A 8:44

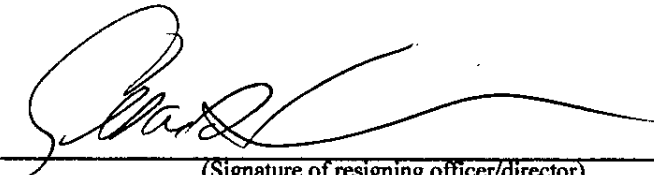
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Dr. Cesar O. Izarrariz, hereby resign as President  
(Title)

of Chiropractic Pain Clinic of Boggy Creek, Inc.  
(Name of Corporation)

P08000085830, 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