Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN IMMOKALEE CHIROPRACTIC CENTER, INC

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Corporate Filing Menu

Help

(((H12000070147 3)))

27

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IMMOKALEE CHIROPRACTIC CENTER, INC.
(Name of Corporation) DOCUMENT NUMBER: P10000012329
DOCUMENT NUMBER: 1 105555 12525
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN CLOUGH, ESQ.
(Name of Person)
AKERMAN SENTERFITT
(Name of Firm/Company)
9128 STRADA PLACE, SUITE 10205
(Address)
NAPLES, FL 34108
(City/State and Zip Code)
For further information concerning this matter, please call:
john.clough@akerman.com at / 239 \ 449-5600
john.clough@akerman.com at (239) 449-5600 (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 Malling Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARY ANN ZAWADA	, hereby resion as	, hereby resign as PRESIDENT			
		(Title)			
of IMMOKALEE CHIROPR	RACTIC CENTER, INC				
	(Name of Corporation)				
P10000012329 (Document Number, if known)	, a corporation organized und	<u>.</u> .			
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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