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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : AKERMAN SENTERFITT - TAMPA  
Account Number : I200000000249  
Phone : (813) 223-7333  
Fax Number : (813) 223-2837

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REGISTERED AGENT RESIGNATION  
IMMOKALEE CHIROPRACTIC CENTER, INC

Certificate of Status	0
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMMOKALEE CHIROPRACTIC CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000012329

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:

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

(Name of Person)

at ( 239 ) 449-5600

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(((H12000070135 3)))

**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, MARY ANN ZAWADA

(Name of Registered Agent)

hereby resigns as Registered Agent for IMMOKALEE CHIROPRACTIC CENTER, INC.

(Name of Corporation)

P10000012329

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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

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