Placobalaa3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700227048977

Messonation of opposition

04/04/12--01016--012 **35.00



DP 115/12

COVER LETTER

SUBJECT: Body Chiropractic Wellness and Rehabilitation Center Inc. (Name of Corporation)	
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
VALERIE NAGLE (Name of Person)	
Body Chiropractic Wellness and Rehabilitation Center Inc. (Name of Firm/Company)	
112 Cribson Rd. (Address)	
Louisville KY 40207. (City/State and Zip Code)	
For further information concerning this matter, please call:	
VALERIE NAGLE at (772) 985-2763 (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
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

. FILED

2012 APR -4 PM 4: 45

OFFICER / DIRECTOR RESIGNATIONARY OF STATE FOR A CORPORATION TALL AHASSEE, FLORIDA

I,	Valere	Nagle	·, hereby	resign as_	Vice	President (V	(P)
of	Body Ch	ropractic (Name of C	Wollness Corporation)	and	Rehabi	litation Center	Inc
	(Document Number, i	f known)	corporation org	anized und	der the laws	of the State of	
	Florida.						
		Val	Paie No	ule.			
		(Signa	ature of resigning o	fficer/direct	or)		

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