

PI00000065152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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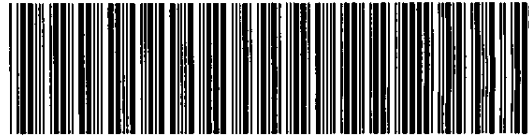
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8-7-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WESTON CHIROPRACTIC, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P10000065152

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

STEVEN D. GOODMAN
(Name of Person)

WESTON CHIROPRACTIC, P.A.
(Name of Firm/Company)

1398 SW 160 Avenue #102
(Address)

SUNRISE, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN GOODMAN at (954) 384-2925
(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

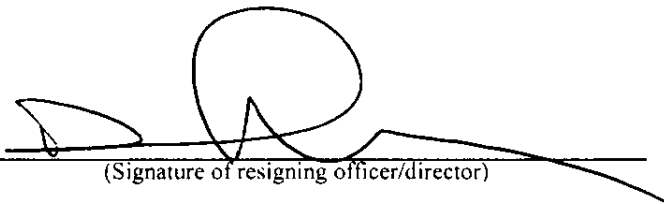
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DEAN FISHMAN, hereby resign as PRESIDENT
(Title)

of WESTON CHIROPRACTIC, P.A.
(Name of Corporation)

P10000065152, 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

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TALLAHASSEE
FLORIDA