

P15000048803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

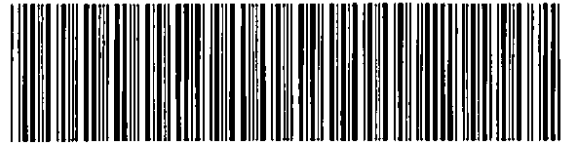
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2023 MAY 22
SECRET
TALLAHASSEE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARK CHIROPRACTIC CARE, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P15000048803

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

Please return all correspondence concerning this matter to the following:

DAVID POCES

(Name of Person)

PARK CHIROPRACTIC CARE, P.A.

(Name of Firm/Company)

P.O. BOX 1088

(Address)

BOCA RATON, FL 33429

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID POCES

(Name of Person)

at (561) 302-6820

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

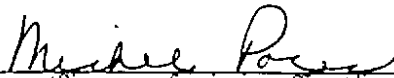
2023 MAY 22
SECRETARY
TALLAHASSEE

I, MICHELE POCES, hereby resign as SECRETARY
(Title)

of PARK CHIROPRACTIC CARE, P.A.
(Name of Corporation)

P15000048803, 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