

P17 000018210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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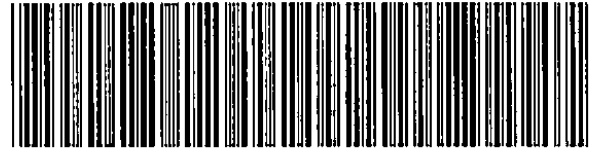
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Graham Chiropractic Cocoa PA  
(Name of Corporation)

DOCUMENT NUMBER: P17000018210

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

Please return all correspondence concerning this matter to the following:

Edward Gilbert  
(Name of Person)

Graham Chiropractic Cocoa PA  
(Name of Firm/Company)

5675 N. Atlantic Ave #111  
(Address)

Cocoa Beach, FL 32931  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward A. Gilbert at ( 321 ) 626-2910  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, Dr. Glenn Graham, hereby resign as President  
(Title)

of Graham Chiropractic Cocoa PA  
(Name of Corporation)

P17000018210, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

2020 MAR 30 AM 8:15

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