

P18000014555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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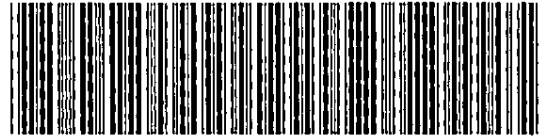
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oakleaf Chiropractic and Injury Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000014555

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

Please return all correspondence concerning this matter to the following:

Natalie Thompson

(Name of Person)

Oakleaf Chiropractic and Injury C

(Name of Firm/Company)

9785 Crosshill Blvd., Ste. 108

(Address)

Jacksonville, FL 32222

(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Thompson

(Name of Person)

at ( 904 ) 501-8221

(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

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, Kruti Patel, hereby resign as Vice President  
(Title)

of Oakleaf Chiropractic and Injury Center  
(Name of Corporation)

P18000014555, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Patel

(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT -1 AM 11:21

FILED

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