

P93 00000 1575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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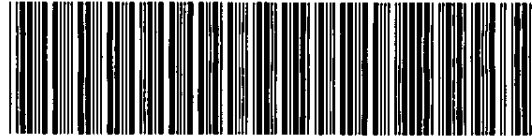
(Business Entity Name)

(Document Number)

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Resign.  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARTLETT & JOHNSTON CHIROPRACTIC CLINIC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 9300000 1525

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

Please return all correspondence concerning this matter to the following:

JOSEAN L JOHNSTON  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1230 SEMINOLA BLVD  
(Address)

CASSELBERRY FL 32707  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE JOHNSTON at ( 407 ) 222 8506  
(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

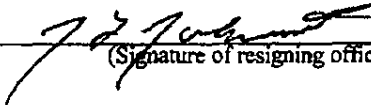
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSEPH L JOHNSON, hereby resign as V.P SEC. TREAS  
(Title)

of BARTLETT AND JOHNSON CHIROPRACTIC CLINIC, P.A.  
(Name of Corporation)

P93000001575, 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, FL.