P93000052642

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Wecker Chiropractic Center, P.A.

Name of Corporation

DOCUMENT NUMBER: P93000052642

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Kahn

Name of Contact Person

Wecker Chiropractic Center, P.A.

Firm/Company

482 N Harbor City Blvd

Address

Melbourne FL 32935

City/State and Zip Code

michaelkahn@michaelkahnpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kahn

,321 242-2564

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

(Capacity)