

P99000087817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

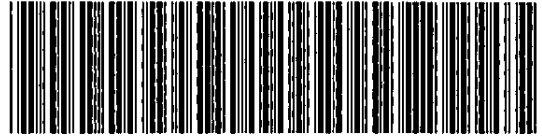
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2007 OCT 16 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: QUARTELL CHIROPRACTIC, INC  
(Name of Corporation)

DOCUMENT NUMBER: P99000087817

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 QUARTELL  
(Name of Person)

QUARTELL CHIROPRACTIC  
(Name of Firm/Company)

7100 FAIRWAY DR # 33  
(Address)

PBG FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID QUARTELL at (561) 596-2710  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2007 OCT 16 AM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, BETH QUARTELL, hereby resign as VP  
(Title)

of QUARTELL CHIROPRACTIC, INC.  
(Name of Corporation)

P990000087817, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Beth Quarrell  
(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