# 20004042

P.O. Box 755 Fairforest, S.C. 29336 City/State/Zip 700006261467--5 -07/08/02--01094--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Photocopy ☐ Will wait Certificate of Status

## **NEW FILINGS**

- Profit Not for Profit Limited Liability Domestication
- Other

### **OTHER FILINGS**

Annual Report Fictitious Name

#### **AMENDMENTS**

- Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal
  - Merger

# REGISTRATION/QUALIFICATI

- Foreign Limited Partnership Reinstatement Trademark
- Other

Examiner's Initials

# OFFICER / DIRECTOR RESIGNATION

Y	Lad Santiago, hereby res	Acting 1st Vice	President & Director
ı, <u></u>	, notoby res	(Title)	· · ·
of	Florida Chiropractic Physicians Association Inc.		
<b>~</b> -	(Name of Corporation)	7	·
a co	orporation organized under the laws of the State of	Florida	
and	affirm that the corporation has been notified in writing of	the resignation.	
	(Signature of resigning office	)	Dated June 28, 2002

FILING FEE IS \$35.00

AM | 1:51

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