

Requester's Name

**N98000004042**

PO Box 58  
WILLISTON FL 32696

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

900006535449--1  
-07/19/02--01070--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

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

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 JUL 18 PM 4:42

CR2E031(7/97)

Off. / Director  
Resign.

Examiner's Initials

DC

07/25/02

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 JUL 18 PM 4:12

**OFFICER / DIRECTOR RESIGNATION**

I, Robert M Whitney II DC, hereby resign as Acting President & Director  
(Title)

of Florida Chiropractic Physicians Association Inc.  
(Name of Corporation)

a corporation 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 officer/director)

Dated June 28, 2002

**FILING FEE IS \$35.00**

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