

J42537

(Requestor's Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chirocare of Pompano Beach, Inc
(Name of Corporation)

DOCUMENT NUMBER: J42537

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

Please return all correspondence concerning this matter to the following:

ANDREW SANDS
(Name of Person)

Chirocare of Pompano Beach, Inc
(Name of Firm/Company)

1 NE 23RD AVE STE 4
(Address)

Pompano Beach, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW SANDS at (305) 932-2202
(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

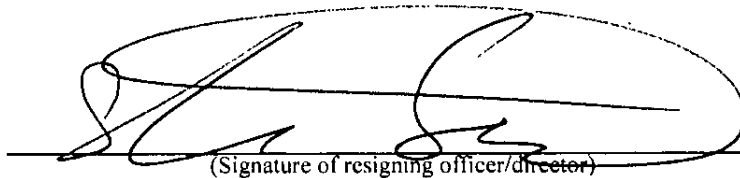
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Steven Schwartz, hereby resign as Vice President & Treasurer
(Title)

of Chirocare of Pompano Beach, Inc
(Name of Corporation)

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


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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