98000004042

POBOX S8 WILLISTON F132696

Office Use Only

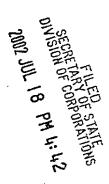
CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
---------------------	-----------------------	-------------

(Cor	poration Name)	(Document #)	-
_			
2(Cor	poration Name)	(Document #)	300 6535449—1 -07/19/0201070002
3(Cor	poration Name)	(Document #)	-U(/19/U2U1U/UUU2 *****35_00 *****35.00
4(Cor	poration Name)	(Document #)	···
☐ Walk in	☐ Pick up time		Certified Copy
☐ Mail out	☐ Will wait	☐ Photocopy ☐	Certificate of Status
NEW FILINGS		<u>AMENDMENTS</u>	· ·
Profit Not for Profit Limited Liabil Domestication Other	-	Amendment Resignation of R.A., Of Change of Registered A Dissolution/Withdrawal Merger	gent L PRETARY
OTHER FILING	<u>s</u> _	REGISTRATION/QUALI	FICATION 4: 42
Annual Repor Fictitious Nam		Foreign Limited Partnership Reinstatement Trademark Other	\$ ONE.
	All /		<u> </u>

CR2E031(7/97)

Utt 1 Director Resign.

Examiner's Initials



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 lesigning 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