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| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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LAW OFFICE OF JUDITH S. LAMBERT

Judith S. Lambert, JD, LLM*

Member of the state bars of Florida, Alabama. Texas, and California

*Master of Laws in Taxation

Lumsden Executive Park 669A W. Lumsden Road Brandon, Florida 33511 (813) 662-7429 (813) 681-3391 Fax

July 28, 2005

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Axis Chiropractic & Rehab Center, Inc.

To Whom It May Concern:

I am enclosing an Officer/Director Resignation For a Corporation for Axis Chiropractic & Rehab Center, Inc. on behalf of Sage Campione. I have enclosed a \$35.00 filing fee along with the form.

If you should have any questions, please do not hesitate to contact me at the above referenced telephone number.

Respectfully submitted,

Judith S. Lambert, Attorney

enclosures

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Ι, _ | Sage Campione | , hereby resign as <u>President</u> , <u>Secretary</u> , Director (Title) |
|------|-----------------------------|---------------------------------------------------------------------------|
| of_ | | Rehab Center, Inc. |
| | (Document Number, if known) | , a corporation organized under the laws of the State of |
| _ | Florida | . |
| | 9 | Signature of resigning offices 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