

PO2000100983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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1005.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOCUS FAMILY CHIROPRACTIC CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000100983

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

Please return all correspondence concerning this matter to the following:

RICKSON ROCK

(Name of Person)

(Name of Firm/Company)

6328 NW 181 TER

(Address)

HIALEAH FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

RICKSON ROCK

(Name of Person)

at (786) 290-4378

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

04 FEB 13 PM 12:05

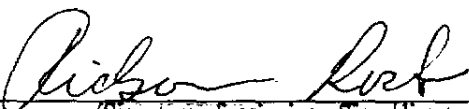
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, RICKSON ROCK, hereby resign as DIRECTOR
(Title)

of FOCUS FAMILY CHIROPRACTIC CENTER, INC.
(Name of Corporation)

P02000100983, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/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