

P02000100983

(Requestor's Name)

(Address)

(City)

(County Name)

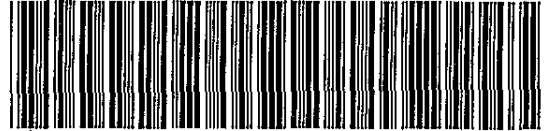
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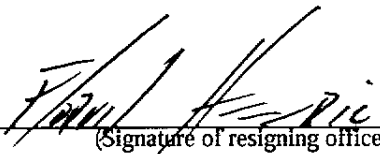
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HENRI FLORVIL, hereby resign as Director  
(Title)

of Focus Family Chiropractic Center, Inc.  
(Name of Corporation)

D02000100983, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

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