P02000127569

OS MAY 20 PH STATE

(Requestor's Name) ACROPOLIS CHROOPRACTIC AND SPORTS MEDICINE Where chilophedical in Macanage octors work Repetitor for the Benefit of the Patient
4900 - 33rd Avenue North St. Petersburg, FL 33710
(City/State/Zip/Phone #)
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(Business Entity Name)
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95/21/02--01013--092 **95.00

0/10 resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEDIATEX INC (Name of Corporation) DOCUMENT NUMBER: P02000127569
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
Po Boy 320148 (Address)
TAMPA FL 33679 (City/State and Zip Code)
For further information concerning this matter, please call:
SAPA FILLY at (813) 840-9183 OF 684-0170 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, SARA ALLY	, hereby resign as PRESIDENT
/	(Title)
of MEDIATEX INC. (Name of Co	prporation)
(Document Number, if known), a	corporation organized under the laws of the State of
FLORIDA.	
(Signa	ture 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