



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

P03 000 33471

ATLANTIC AVENUE CHIROPRACTIC CENTER INC.
495 NE 4TH ST. SUITE 3
DELRAY BEACH, FL 33483

SUBJECT: ATLANTIC AVENUE CHIROPRACTIC CENTER, INC.
Ref. Number: P03000033471

300181659093

Debit Memo #: 05339-B

Due to your failure to respond to our previous letter advising you of the attached returned check #519, the Registered Agent Designation for ATLANTIC AVENUE CHIROPRACTIC CENTER, INC. has been cancelled and is considered not filed as of June 2, 2010.

Chapter 607, Florida Statutes, required us to give at least 60 days notice of our intent to administratively dissolve a corporation for failure to maintain Registered Agent Designation. This will serve as your notice of our intent to Administratively Dissolve your corporation should a registered agent not be properly designated within the next 60 days.

To expedite service, please send your response to:

Melinda Lilliston
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 110A00013775



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2010

ATLANTIC AVENUE CHIROPRACTIC CENTER, INC.
495 NE 4TH ST. SUITE 3
DELRAY BEACH, FL 33483

SUBJECT: ATLANTIC AVENUE CHIROPRACTIC CENTER, INC.
Ref. Number: P03000033471

Debit Memo #: 05339-B

This is to inform you that your check #519 dated April 2, 2010 in the amount of \$35.00 and submitted for ATLANTIC AVENUE CHIROPRACTIC CENTER, INC. has been returned to us by your bank because of NONSUFFICIENT FUNDS.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in amount of \$50.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 510A00010441