

P04000165340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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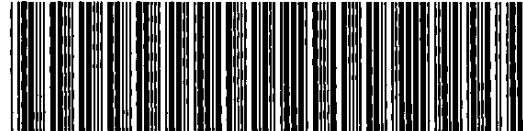
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. Coullatte JUL 31 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: We Care Chiropractic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000165340

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

Please return all correspondence concerning this matter to the following:

Robert Thelusma
(Name of Person)

We Care Chiropractic, Inc.
(Name of Firm/Company)

800 Paul Street, Suite A
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Thelusma at (407) 293-9991
(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

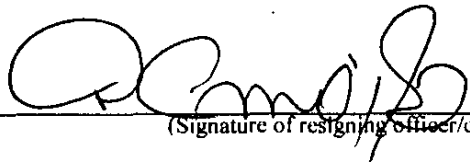
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pierre C. Moise, hereby resign as vice president,
secretary & treasurer
(Title)

of We Care Chiropractic, Inc.
(Name of Corporation)

P04000165340, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Trina Collins / Trina Collins 6-30-06

T425-720-77-324-OFL
Roberto Thelusma

~~T425-720-77-324~~
m200-663-67-146-OFL