

PO5000066337

Florida Department of State  
Division of Corporations  
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Fax Number : (850)205-0380

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Account Name : SHUFFIELD LOWMAN  
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REGISTERED AGENT RESIGNATION

LAKE FOREST CHIROPRACTIC AND REHAB CENTER, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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PA Resign.

8/31/07

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ShuffieldLowman  
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Florida Dept of State

003



August 29, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAKE FOREST CHIROPRACTIC AND REHAB CENTER, INC.  
1290 SIMPSON LN  
MT DORA, FL 32757

SUBJECT: LAKE FOREST CHIROPRACTIC AND REHAB CENTER, INC.  
REF: P05000066337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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Darlene Connell  
Document Specialist

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TALLAHASSEE, FLORIDA

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, William R. Lowman, Jr.

(Name of Registered Agent)

hereby resigns as Registered Agent for Lake Forest Chiropractic and Rehab Center, Inc.

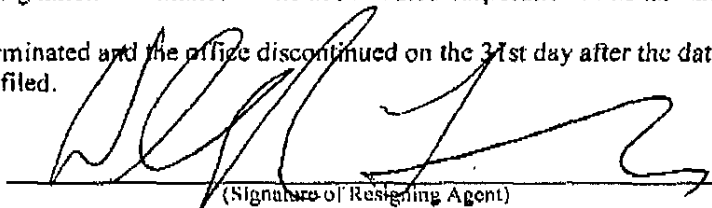
(Name of Corporation)

P05000066337

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

William R. Lowman, Jr.

(Typed or Printed Name)

Registered Agent

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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