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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Complete Chiropractic Centers. Inc. (Name of Corporation)
DOCUMENT NUMBER: P0500096092
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter Reiter (Name of Person)
Complete Chirspraetic Centers, Inc. (Name of Firm/Company)
950 N. Federal Hwy # 103 (Address)
Pompano Beach, F1 33062 (City/State and Zip Code)
For further information concerning this matter, please call:
David Wilson at (954) 942 0070 (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 FOR A CORPORATION

ASSETTION

I, Fabio Azevedo, hereby resign as V

Of Complete Chiropractic Centers Inc.

(Name of Corporation)

P050009692

(Document Number, if known)

Florida

OFFICER / DIRECTOR RESIGNATION

(Signature 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