

P06000063570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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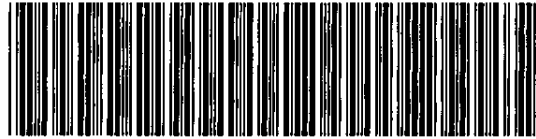
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TO: Amendment Section
Division of Corporations

SUBJECT: Albany-Sligh Chiropractic Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000063570

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

Please return all correspondence concerning this matter to the following:

Colleen Tinari
(Name of Person)

Albany-Sligh Chiropractic Clinic, Inc.
(Name of Firm/Company)

3430 W. Lambright St.
(Address)

Tampa, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Tinari at (813) 875-7900
(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, Dominick A. Tinari, hereby resign as Pres.
(Title)

of Albany-Sligh Chiropractic Clinic, Inc.
(Name of Corporation)

P06000063570, 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