P07000014828

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE FI ODINA

APPROVEU AND FILED

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C. Constione SEP 2 6 2007

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: Healing Care Chiropractic, Inc
	(Name of Corporation)
DOC	CUMENT NUMBER: P07000014828
The 6	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Gre	gory S. Rodriguez, DC
	(Name of Person)
	(Name of Firm/Company)
P.C). Box 721328
	(Address)
Orla	ando, FL 32872-1328
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Gre	gory S. Rodriguez at (202) 297-7070 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Gregory S. Rodriguez	, hereby resign as CEO
	(Title)
of Healing Care Chiropractic,	Inc
	me of Corporation)
P07000014828 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

APPRUYELL AND FILED 07 SEP 20 AM 9: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA