

P070000092717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

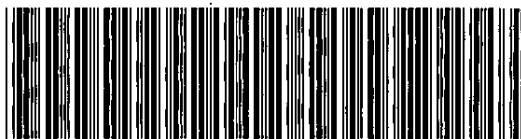
(Business Entity Name)

(Document Number)

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10/19/07--01057--004 \*\*35.00

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07 OCT 19 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~10/23/07~~ OCT 23 2007



**Miracle Chiropractic Center**  
Family Wellness Care Auto & Sports Injuries

October 12, 2007

Amendment Section  
Division of Corporations  
Clifton Building  
Tallahassee, FL 32301

Re: PO7000092717  
Miracle Chiropractic Clinic, Inc.

To Whom It May Concern,

Please take this as an official notice of termination of past discussion and any partial and or temporary agreements about management agreements of Miracle Chiropractic Clinic, Inc. Also, I hereby resigned from any corporation or Limited Liability Corporations that you may have me listed as the Vice President/Director.

My resignation is effective as of October 12, 2007.

Best Regards,

Myrleine Brignole  
5409 Peaco Place  
Winter Park Florida 32792

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miracle Chiropractic Clinic, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000092717

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

Please return all correspondence concerning this matter to the following:

Myrleine Brignole

(Name of Person)

Miracle Chiropractic Clinic, Inc.

(Name of Firm/Company)

6500 West Colonial Drive Suite D

(Address)

Orlando Florida 32818

(City/State and Zip Code)

For further information concerning this matter, please call:

Myrleine Brignole

(Name of Person)

at

( 321 )

356-7883

(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**

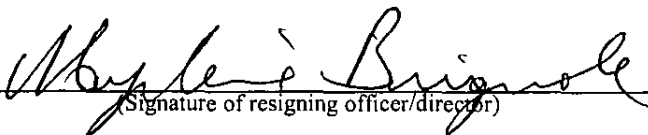
**FILED**  
**07 OCT 19 AM 10:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Myrleine Brignole, hereby resign as Vice President/Director  
(Title)

of Miracle Chiropractic Clinic, Inc.  
(Name of Corporation)

74-3228331, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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