

PO8000026782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIONWIDE CHIROPRACTIC CENTER, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000026782

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

Please return all correspondence concerning this matter to the following:

KEVIN K. REISECK

(Name of Person)

NATIONWIDE CHIROPRACTIC CENTER, INC.

(Name of Firm/Company)

140 NW 57TH AVE

(Address)

MIAMI, FLORIDA 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN REISECK

(Name of Person)

at ( 305 ) 733-1091

(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**

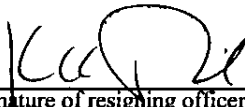
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DIVISION OF CORPORATIONS  
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I, KEVIN K. REISECK, hereby resign as PRESIDENT  
(Title)

of NATIONWIDE CHIROPRACTIC CENTER INC  
(Name of Corporation)

P08000026782, 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