

P08000050283

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

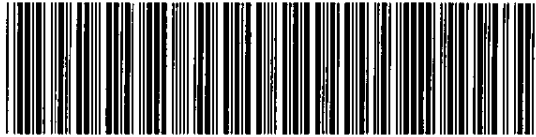
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

O/D. Resign.

11/12/08

Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SELECTIVE CHIROPRACTIC HEALTH CARE, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P08000050283

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

RON MULCHI, ATTORNEY AT LAW

(Name of Firm/Company)

201 SOUTH ORANGE AVE, SUITE 910

(Address)

ORLANDO, FL 32801-3420

(City/State and Zip Code)

For further information concerning this matter, please call:

RON MULCHI

(Name of Person)

at ( 407 ) 843 8909

(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

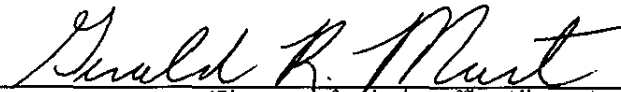
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GERALD R MART, hereby resign as PRESIDENT  
(Title)

of SELECTIVE CHIROPRACTIC HEALTH CARE INC  
(Name of Corporation)

P08000050283, 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

**FILED**  
**08 NOV -3 PM 1:47**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA