

PO800050283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

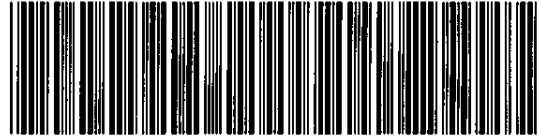
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COVER LETTER

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:

Lakisia Williams
(Name of Person)

Selective Chiropractic Health Care Inc.
(Name of Firm/Company)

6907 West Colonial Dr.
(Address)

Orlando, FL 32818
(City/State and Zip Code)

For further information concerning this matter, please call:

Nardi Buchanan at (321) 278-6305
(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

REC'D

10 FEB 11 AM

SECRETARY OF
TALLHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mardi Buchanan, hereby resign as president
(Title)

of Selective Chiropractic Health Care Inc.
(Name of Corporation)

PO8000050283, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mardi Buchanan, D.C.
(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