

P08000050283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

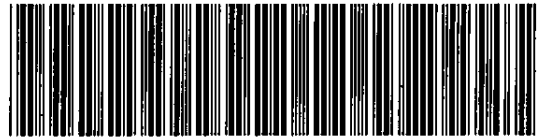
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TALLAHASSEE, FLORIDA

Off Resign
Thew
11-24-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Selective Chiropractic Clinic
(Name of Corporation)

DOCUMENT NUMBER: PD8000050283

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

Please return all correspondence concerning this matter to the following:

Dr. Judy Husbands
(Name of Person)

(Name of Firm/Company)

1948 N. John Young Pkwy
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV 23 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 5, 2010

DR. JUDY HUBANDS
1948 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

SUBJECT: SELECTIVE CHIROPRACTIC HEALTH CARE INC
Ref. Number: P08000050283

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 110A00026158

Dr. Judy Husbands
1948 N. John Young Parkway
Kissimmee, Fl 34741

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Fl 32314

RE: EIN# 262642758

To Whom It May Concern:

This letter is written to inform you that I, Dr. Judy Husbands was formerly the owner of Selective Chiropractic Healthcare (document number P08000050283, EIN# 262642758) from 11/01/2008 to 8/30/2009. This clinic and all business regarding it were transferred to Dr. Mardi Buchanan on 8/31/09. All business regarding this clinic was done through Dr. Buchanan who occupied the clinic as of September 1, 2009. Dr. Buchanan was listed as the registered agent in October, 13 2009, however, recently, i.e. on 9/27/10 my name appears as the registered agent. I did not authorize this change as I had no part in the activities of this clinic since 8/30/09. In light of this, I request that you remove my name from your corporation listing under Selective Chiropractic Healthcare.

If you have any questions regarding this please contact me at 407-403-5820.

Sincerely,

Dr. Judy Husbands
Dr. Judy Husbands

10/17/10

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dr. Judy Husbands, hereby resign as Officer/Director
(Title)

of Selective Chiropractic Clinic,
(Name of Corporation)

P08000050283, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Dr. Judy Husbands
(Signature of resigning officer/director)

FILED
2010 NOV 23 P 4: 29
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