

MAR-22-12 09:38AM FROM-

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I200000000249
Phone : (813) 223-7333
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION
FAMILY CHIRO-REHAB CENTER, INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILY CHIRO-REHAB CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000013194

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CLOUGH, ESQ.

(Name of Person)

AKERMAN SENTERFITT

(Name of Firm/Company)

9128 STRADA PLACE, SUITE 10205

(Address)

NAPLES, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

john.clough@akerman.com

(Name of Person)

at (

239

) 449-5600

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

((H12000070155 3)))

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MARY ANN ZAWADA

(Name of Registered Agent)

hereby resigns as Registered Agent for FAMILY CHIRO-REHAB CENTER, INC.

(Name of Corporation)

P10000013194

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314