

P10000037524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

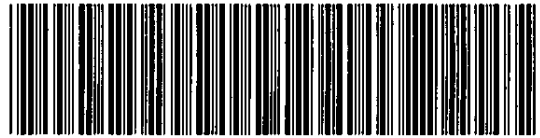
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

MAY 24 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHIROPRACTIC CENTER OF PALM BEACH CORP

(Name of Corporation)

DOCUMENT NUMBER: P10000037524

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

Please return all correspondence concerning this matter to the following:

Jessica Lopez

(Name of Person)

CHIROPRACTIC CENTER OF PALM BEACH CORP

(Name of Firm/Company)

605 Belvedere Rd. STE 11

(Address)

West Palm Beach, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Lopez

(Name of Person)

at (561) 572-6039

(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

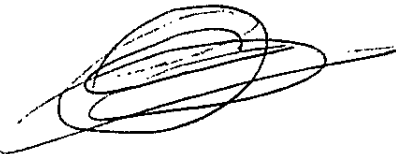
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2010 MAY 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Moya, Alien, hereby resign as Officer
(Title)

of CHIROPRACTIC CENTER OF PALM BEACH CORP.
(Name of Corporation)

P10000037524, 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