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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

**REGISTERED AGENT RESIGNATION**

**FLORIDA CHIROPRACTIC MEDICINE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02

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*APB*  
*5-7*

Fax Audit No. H01000063572

### STATEMENT OF RESIGNATION OF REGISTERED AGENT

Pursuant to Section 607.0502(2), Florida Statutes, the undersigned, F&L Corp., hereby resigns as registered agent of Florida Chiropractic Medicine, Inc. 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.

Date: May 4, 2001

F&L CORP.

By: Charles V. Hedrick  
Charles V. Hedrick, Authorized Signatory

**FILED**  
01 MAY - 7 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. H01000063572

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF DUVAL

Before me, the undersigned authority, this day personally appeared Charles V. Hedrick, who, after being duly sworn by me, deposes and says:

1. I am an authorized signatory for F&L Corp., which is the registered agent for Florida Chiropractic Medicine, Inc., a Florida corporation (the "Company").
2. The address of F&L Corp. is The Greenleaf Building, 3<sup>rd</sup> Floor, 200 Laura Street, Jacksonville, Florida 32202-3527.
3. Pursuant to Section 607.0502(2), Florida Statutes, I sent notice of my resignation as registered agent of the Company at the business address of the Company located at 437 Gaston-Foster Road, Orlando, Florida 32807, with a copy of such notice being sent to the Company's president, Kevin Yates.
4. On May 4, 2001, I sent notice of F&L Corp.'s resignation as registered agent to the Department of State, State of Florida, pursuant to Section 607.0502(2), Florida Statutes.

FURTHER AFFIANT SAYETH NOT.

Charles V. Hedrick  
Charles V. Hedrick

Sworn to and subscribed before me  
this 5th day of May, 2001.

Sonya K. Sowards  
Notary Public, State of Florida at Large

My Commission Expires:

