

P94UXX076060

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peluso Chiropractic Center, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000076060

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

Please return all correspondence concerning this matter to the following:

Kenneth Peluso

(Name of Person)

Peluso Chiropractic Center

(Name of Firm/Company)

36949 US Hwy 19 N

(Address)

Palm Harbor, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Peluso

(Name of Person)

at ( 727 ) 934-7602

(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

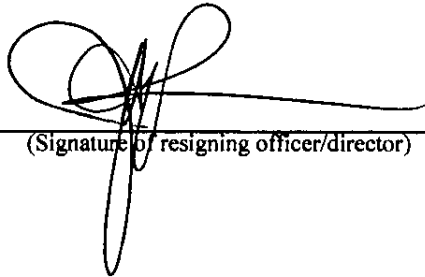
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Julie Peluso, hereby resign as Director  
(Title)

of Peluso Chiropractic Center, PA  
(Name of Corporation)

P94000076060, 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**

**FILED**  
2010 APR 15 AM 7:27  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314