

TP95000055246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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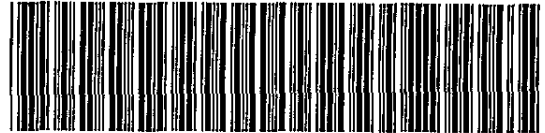
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B 5/27/03  
a/s les.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 95000055246

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

Please return all correspondence concerning this matter to the following:

Robert J. BANUCHI D.C.  
(Name of Person)

SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE  
(Name of Firm/Company)

3850 LAKE WORTH RD. Ste #2  
(Address)

LAKE WORTH FL 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. J.A. D'AMICO at ( 561 ) 966-1775  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

03 MAY 19 AM 8:34


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Robert J. BANUCHI, DC, hereby resign as VICE PRESIDENT  
(Title)

of SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.  
(Name of Corporation)

P95000055246, 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