

F96995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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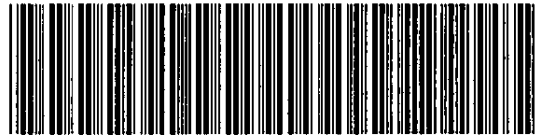
(Business Entity Name)

(Document Number)

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*Dr/lin (sup)*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP -3 AM 10:59

Roberts SEP 09 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JESCO Pharmacy 823 Southern Blvd.  
West Palm Beach, FL 33405  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

FRANCISCO SOFO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

70 Fairmount Road West  
(Address)

Califon, NJ 07830  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO SOFO at ( 908 ) 975-3026  
(Name of Person) (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

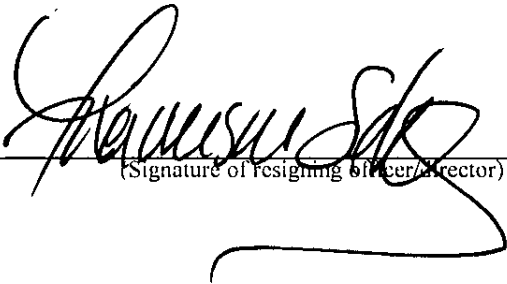
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP -3 AM 10:59

I, FRANCISCO SOTO, hereby resign as SECRETARY  
(Title)

of DESOTO PHARMACY, INC. 823 Southern Blvd. West Palm Beach, FL 33405  
(Name of Corporation)

\_\_\_\_\_, 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