P00000020307

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
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COVER LETTER

	mendment Section ivision of Corporations
SUBJEC	UNITED PRESCRIPTION SERVICES, INC.
	(Name of Corporation)
DOCUM	ENT NUMBER: P00000020307
The enclo	osed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
ROBER	RT A. CARR
	(Name of Person)
REVIM	
	(Name of Firm/Company)
13336 [N CENTRAL AVENUE
	(Address)
TAMPA	A, FL 33612
	(City/State and Zip Code)
For furthe	er information concerning this matter, please call:
SAMUE	L BALLINGER at (813) 977-0700 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for \$35.00 made payable to the Florida Department of State.
Division of Clifton Back 2661 Exe	Mailing Address: ent Section of Corporations uilding cutive Center Circle ene FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROBERT A. CARR
(Name of Registered Agent)
hereby resigns as Registered Agent for UNITED PRESCRIPTION SERVICES, INC.
(Name of Corporation)
P0000020307
(Document Number, if known)
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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) ALLAHAS
(Capacity) SEE FLORID
Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314