

PO 1000002767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Old Resign

07/21/09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Me I Pharmacy Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000002767

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

Please return all correspondence concerning this matter to the following:

Scott Conard
(Name of Person)

Me I Pharmacy Inc.
(Name of Firm/Company)

5100-78th Ave. N. Suite 6
(Address)

Pinellas Park, FL 33781
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Miklas at (727) 548-7995
(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**

I, Scott Conard, hereby resign as Director
(Title)

of M&J Pharmacy, Inc.
(Name of Corporation)

P01000002767, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

[Signature]
(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

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TALLAHASSEE, FLORIDA