

PO1000053780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

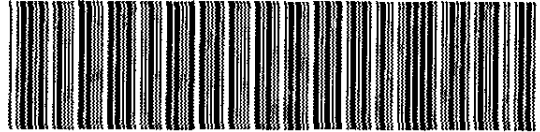
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

8/3/07

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCU-BREAK Pharmaceuticals, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000053780

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

Please return all correspondence concerning this matter to the following:

Lawrence Solomon M.D.

(Name of Person)

ACCU-BREAK Pharmaceuticals, Inc.

(Name of Firm/Company)

1000 S. Pine Island Road, Suite 230

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Kiki Bartsocas

(Name of Person)

at (954) 236-7351 ext 114

(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:

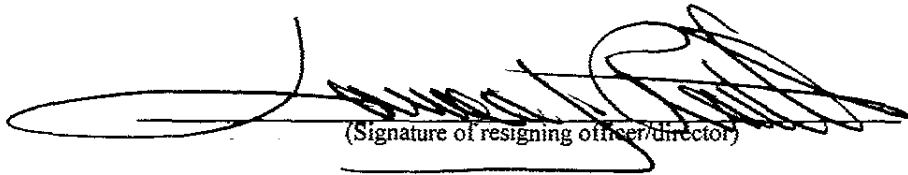
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lawrence Rosenthal, hereby resign as Vice-President
(Title)

of ACCU-BREAK Pharmaceuticals, Inc.
(Name of Corporation)

P01000053780, 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

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