P01000060822

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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DIVISION OF CORPORATION

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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|----------------------|--|
| SUB | JECT: Pharma Supply, Inc. (Name of Corporation) |
| DOC | CUMENT NUMBER: P01000060822 |
| The e | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Pleas | se return all correspondence concerning this matter to the following: |
| Ste | even Thuss |
| - | (Name of Person) |
| Ph | narma Supply, Inc. |
| | (Name of Firm/Company) |
| 99 | 9 Stinson Way Suite 303 |
| | (Address) |
| W | est Palm Beach, FL 33411 |
| | (City/State and Zip Code) |
| For f | further information concerning this matter, please call: |
| St | even Thuss (Name of Person) at (561) 790-0107 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Encl | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Ame Divis P.O. | ling Address: Indment Section Sion of Corporations Box 6327 Box 63 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| ι, Frank P Suess | , hereby resign as President |
|--|---|
| | (Title) |
| of Pharma Supply, Inc. | , |
| (Name of Cor P0100060822 (Document Number, if known) | orporation) orporation organized under the laws of the State of |
| Florida | |
| | Touthur 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