P01000076468

(Re	equestor's Name)	
(Ac	idr e ss)	
(Ac	ldress)	·
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

SUBJECT: PROPHARMEX, INC. (Name of Corporation)	
DOCUMENT NUMBER: P01000076468	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
EROL CELIKOGLU	
(Name of Person)	
PROPHARMEX, INC.	
(Name of Firm/Company)	••
3381 FAIRLANE FARMS ROAD	
(Address)	
WELLINGTON, FL. 33414	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EROL CELIKOGLU at (305) 933-1725 (Name of Person) (Area Code & Daytime Telephone Number)	49 ← 3 8

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FRANK P. SUESS	, hereby resign as VTD	
		(Title)
of PROPHARMEX, INC.		
	(Name of Corporation)	<u></u>
P0100076468	a corporation organized under the laws of the State of	
(Document Number, if known	1)	
FLORIDA		
	Family Jues (Signature of resigning officer/director)	SECKE ALLAHASSEE, FLO
· · · · ·		용로 표

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