(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			

Office Use Only



200139163982

12/22/08--01048--002 **105.00

COVER LETTER

Division of Corporations
SUBJECT: Genesis Pharmaceutical Distributors, Inc.
DOCUMENT NUMBER: P01000076979
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Arnette (Name of Person)
Genesis Pharmaceutical Distributors, Inc.
5710 Hoover Blvd. (Address)
Tampa FL 33634 (City/State and Zip Code)
For further information concerning this matter, please call:
Chris Arnette at (813) 882-4500 ext. 254 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Christophe	r M. Zarreke, here	by resign as <u>Vice</u> P	resident, Secretary (Title) & Treasurer
of Genesis	Pharmaceutical (Name of Corporation)	Distributors,	Inc.
Pol 0000 760 (Document Number	979 , a corporation	organized under the law	
FLORIDA	·		
	Jan	M	

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