

PD2000058450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

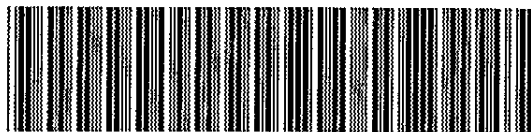
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CLERK OF STATE
TALLAHASSEE, FLORIDA

10.22.03

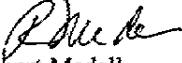
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Express Medication Service Pharmacy, Inc.
Document No. P02000058450
Resignation

Dear Madam/Sir:

Please be advised that I have resigned as secretary of Express Medication Service Pharmacy, Inc. Please amend your records to reflect this change. If you have any questions or concerns, please do not hesitate to contact me at 305-262-7671. Thank you in advance for your assistance in this matter.

Sincerely,



Robert Medell
7003 N. Waterway Drive
Suite 213
Miami, FL 33155

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA