

PD2000109870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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12/10/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pine Hills Drugs, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO2000109870

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

Please return all correspondence concerning this matter to the following:

Forster OKafor  
(Name of Person)

PharmAdvice, Inc  
(Name of Firm/Company)

% 14367 Rockledge Grove Ct.  
(Address)

Orlando FL 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

Forster OKafor at (407) 222-4630  
(Name of Person) (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


**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Forster E. Okafor, hereby resign as Vice President  
(Title)

of Pine Hills Drugs, Inc  
(Name of Corporation)

P02000109870, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director) 11/18/09

**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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