P03000005807

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ch.). Chanto 2. [2.11]
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800036260438

01799/06--01184--013 **85.00



John Mary Mary Col

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: PRECISION PHARMACY MANAGEMENT SCRUCES, TUC (Name of Corporation)
DOCUMENT NUMBER: P0300005807
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD WHITBURNE (Name of Person)
(Name of Firm/Company)
7499 FIELD ROAD (Address)
(Address)
FORT MYERS, FLORIDA 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
RCHARD WHITBOURNE at (239) 437-8208 (Area Code & Daytime Telephone Number)

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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RICHARD C. WHITBOURNE, hereby resign as VICE-PRESIC	EUT
of PRECISION PHARMACY MANAGEMENT SERVICES, IN	i C
P0300005807 , a corporation organized under the laws of the State	
(Document Number, if known) FLORIDA	
	? 5 TI
RICHARDC WHITBOURANTED	20 PE
(Signature of resigning officer/director)	- U

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