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, (Requesto	or's Name)
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PICK-UP	WAIT MAIL
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: International Pharmacy Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P63 0000 25 164
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
2135 Camdon way (Address)
(Address) Clearwater ft 33759 (City/State and Zip Code)
For further information concerning this matter, please call: at (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 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OF FILED

THE STATE OF SAME TO SO

I,	John R.	ch	, hereb	y resign as	President (Title)	
of	Internat	val Pha (Name of C	vmae orporation	Services	, Inc.	,
Po	Occument Number,	if known)	corporation o	rganized under	r the laws of the State	of
	-lorida					
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FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314