

P03.0000093963

(Requestor's Name)

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(Address)

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✓ Old Resign.
07/21/05 DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONLINE PHARMACY GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000093963

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

Please return all correspondence concerning this matter to the following:

SANFORD COHEN

(Name of Person)

ONLINE PHARMACY GROUP, INC.

(Name of Firm/Company)

10850 SW 113th PLACE, SUITE 220

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

SANFORD COHEN

(Name of Person)

at (305) 412-3250

(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**

I, BURTON O'DONALD, hereby resign as STV/DIRECTOR
(Title)

of ONLINE PHARMACY GROUP INC.
(Name of Corporation)

P03000093963, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(Signature of resigning officer/director)

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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