

PD3000096361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

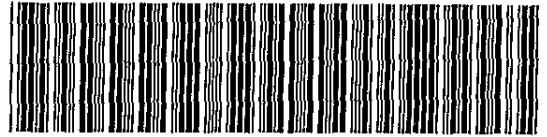
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03 OCT 16 PM 3:29  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

Off Recygn  
T. Lewis 10/20/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeridge Pharmacy Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000096361

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

Please return all correspondence concerning this matter to the following:

Howard Helfant  
(Name of Person)

Lakeridge Pharmacy Corp  
(Name of Firm/Company)

9101 Lakeridge Blvd #22  
(Address)

Boca Raton Florid 33498  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Prawd at (561) 482-1066  
(Name of Person) (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**

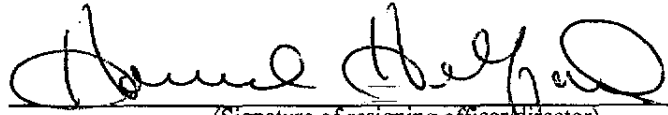
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03 OCT 16 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Howard Helfert, hereby resign as Vice President  
(Title)

of Lakendge Pharmacy Corporation,  
(Name of Corporation)

PO3000096361, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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