

PO 4000054015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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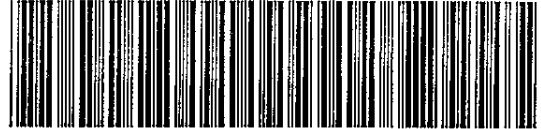
(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Custom Compounding Pharmacy, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000054015

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

Please return all correspondence concerning this matter to the following:

Andrew L. Mann, Esq.  
(Name of Person)

Mann & Wolf, LLP  
(Name of Firm/Company)

4300 N. University Dr., Suite C-203  
(Address)

Sunrise, FL 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Mann at ( 954 ) 572-9944  
(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**

I, Marlene L. Sinkoe, hereby resign as an officer and director  
(Title)

of Custom Compounding Pharmacy, Inc.,  
(Name of Corporation)

P04000054015, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Marlene L. Sinkoe  
(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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