P04000054015

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Louis Gouz, P.A.

ATTORNEY AT LAW

Phone: 954-346-8388 Fax: 954-346-2270 www.flcivillaw.com

COVER LETTER

Suite 102 Nu-Coral Center 7522 Wiles Road Coral Springs, FL 33067-2056

To: Amendment Section Division of Corporations SUBJECT: CUSTOM COMPOUNDING PHARMACY, INC. (Name of Corporation) DOCUMENT NUMBER: P 04000054015 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling. Please return all correspondence concerning this matter to the following: LOUIS GOUZ, ESQ. (Name of Person) LOUIS GOUZ, P. A. (Name of Firm/Company) Nu Coral Center, Suite 102, 7522 Wiles Road Coral Springs, Coral Springs Florida 33067-2056 (City/State and Zip Code) For further information concerning this matter, please call:

LOUIS GOUZ at (954) 346-8388
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

[, JAMES,	LANCELOT	hereby resign as v	CE PRESIDENT (Title)	&DIRECTOR
of CUSTOM	COMPOUNDING PE (Name	HARMACY, INC of Corporation)		
P0400054 (Documen	1015 t Number, if known)	a corporation organized under	the laws of the State	
FLORIDA		 <u></u> .		OT FEB 14
			·F,	E.ATA/1648 AH 10: 28
	JAMES, LANCE	Signature of resigning officer/director) ELOT A/K/A LANCEIOT,	JAMES	69 56

FILING FEE IS \$35.00

CUSTOM COMPOUNDING PHARMACY, INC.

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

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