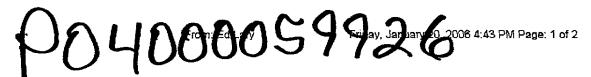
To: Division of Corporations Subject:



Florida Department of State

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

OFFICE ExpENSE

REGISTERED AGENT RESIGNATION

INNOVATIVE PHARMACY GROUP, INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2). 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,C	orpDirect Agents, Inc. (Name of Registered Agent)
	•
hereby resigns as Registered Agent for	Innovative Pharmacy Group, Inc.
, , ,	(Name of Corperation)
P04000059926	
(Document Number, if known)	·
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	te discontinued on the 31st day after the date on which
	Signature of Resigning Agent)
If signing on behalf of an entity:	06 J
Ed Lary	
	(Typed or Printed Name)
Assistant Secret	ary FLSTA 3:
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314