## P0400063437

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Capies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETAL CESTATE

officers Resignation

Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Accu-Meds Inc (Name of Corporation)
DOCUMENT NUMBER: P5 46666 63437
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janis Russell (Name of Person)
Accy-Meds Inc (Name of Firm/Company)
3135 Bluff Blud (Address)
HOLIDAU FL 34691 (City/State and Zip Code)
For further information concerning this matter, please call:
JANIS RUSSELL at (727) 945-8962 (Name of Person) at (727) 945-8962 (Area Code & Daytime Telephone Number)
E11'1-1C 02500 1- 11 4-4 Et 11 D

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,	Judith G. Pow	eas, hereby resign as	Secretary (Title)	<u> </u>
of	Accu-Meds	Corporation)	, &-	,
PO40	2000 63 437 nument Number, if known)	a corporation organized un	nder the laws of the State of	
E	LORIDA			

(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