

P04000109 198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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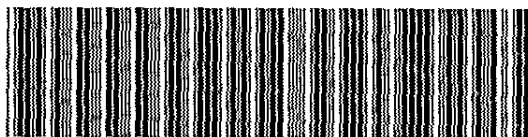
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODMONT PHARMACY CORP.
(Name of Corporation)

DOCUMENT NUMBER: PO4000109198

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

Please return all correspondence concerning this matter to the following:

BARBARA M. CHANNER
(Name of Person)

WOODMONT PHARMACY CORP.
(Name of Firm/Company)

7967 W. MCNAB ROAD
(Address)

TAMARAC, FL. 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA M. CHANNER at (954) 724-3799
(Name of Person) (Area Code & Daytime Telephone Number)

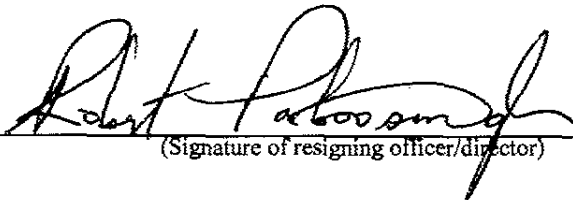
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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**

I, ROBERT PARBOOSINGH, hereby resign as VICE PRESIDENT
(Title)
of WOODMONT PHARMACY CORP.
(Name of Corporation)
P04000109198, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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