

P05000009171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

01 Rev at
7/25/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake OnePro Pharmacy, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000009171

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

Please return all correspondence concerning this matter to the following:

Joseph M. Sciandra, Esq.

(Name of Person)

(Name of Firm/Company)

311 SE 10th Court

(Address)

Fort Lauderdale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. Sciandra, Esq.

(Name of Person)

at (954) 462-5402

(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, David Abellard, hereby resign as Director and President
(Title)

of Lake OnePro Pharmacy, Inc.
(Name of Corporation)

P05000009171, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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