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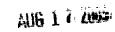
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SECRETARY OF STATE
TALL ANASSEE F. STATE





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PHARMACEUTICAL CONCEPTS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000042799
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN S. COTUGNO
(Name of Person)
Pharmaceutical Concepts, Inc.
(Name of Firm/Company)
10185 Collins Avenue, Ste 1509
(Address)
Bal Harbor, Florida 33154
(City/State and Zip Code)
For further information concerning this matter, please call:
BRIAN S. COTUGNO at (954) 822-2291 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	ALBERTO F. SARASUA	, hereby resign as President/ Secretary
·· <i>'</i> —		(Title)
of	PHARMACEUTICAL CO	ONCEPTS, INC.
~ . _	(Name	e of Corporation)
	P05000042799	, a corporation organized under the laws of the State of
	(Document Number, if known)	
	Florida	_
		 -

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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