

P05000081935

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Raymond Pharmacy Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 05000081935

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

Please return all correspondence concerning this matter to the following:

Lidiana Raymond  
(Name of Person)

Raymond Pharmacy  
(Name of Firm/Company)

15740 SW 72 st  
(Address)

Miami, FL 33193  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lidiana Raymond at (786) 797-9671  
(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

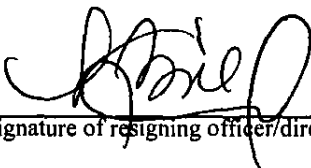
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lidiana Raymond, hereby resign as President  
(Title)

of Raymond Pharmacy Corp.  
(Name of Corporation)

P05000081935, 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