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Office Use Only



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COVER LETTER

| SUBJECT: Metragen Pharmaceuticals, Inc. | |
|--|-------------------|
| (Name of Corporation) | |
| DOCUMENT NUMBER: P05000110973 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are subm | nitted for filing |
| Please return all correspondence concerning this matter to the following: | |
| Phillip Pierson | |
| (Name of Person) | |
| Metragen Pharmaceuticals, Inc. | |
| (Name of Firm/Company) | |
| 600 W. Hillsboro Blvd., Suite 104 | |
| (Address) | |
| Deerfield Beach, FL 33441 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Phillip Pierson at (954) 429-3111 (Name of Person) (Area Code & Daytime Telepi | |
| (Name of Person) (Area Code & Daytime Telep | hone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of Sta | ite. |
| 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 | |

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 06 JUN 29 PM 2: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| I, Christine M. Pierson | , hereby resign as VP (Title) |
|---|--|
| of Metragen Pharmaceuticals, | , , |
| 01 | ne of Corporation) |
| P050000110973 (Document Number, if known) | , a corporation organized under the laws of the State of |
| Florida | |
| | |

(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