P06000001895

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Submoss 2 may reams)				
(Document Number)				
(Document Namber)				
Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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M/Die Resign

09 JAN -6 PM12: 49

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COVER LETTER

	endment Section rision of Corporations		:
SUBJECT	BAY LIFE PHARMAC	Y, INC	
•		(Name of Corporat	ion)
DOCUME	ENT NUMBER: P06000	0001895	
The enclose	ed Officer/Director Resigna	ation for a Corporation a	and fee are submitted for filing.
Please retu	rn all correspondence conce	erning this matter to the	following:
FRANCIS	S KEITH S ENERIO		
,	(Name of Person)	
BAY LIFE	E PHARMACY, INC		
	(Name of Firm/Comp	oany)	
1610 N N	MISSOURI AVE		
	(Address)		
·LARGO,	FL 33770		
	(City/State and Zip C	Code)	
For further	information concerning thi	is matter, please call:	, * }
FRANCIS	S KEITH S ENERIO	at (`) 2 7)	581-5400 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is	s a check for \$35.00 made p	payable to the Florida D	epartment of State.
Street Add Amendmen Division of Clifton Bui 2661 Exect Tallahassed	nt Section f Corporations ilding	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	s

SECRETARY OF STATE DIVISION OF CORPORATIONS

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

BHUPENDRA AGRAVAT	, hereby resign as PRESIDENT	
· · · · · · · · · · · · · · · · · · ·	(Title)	
of BAY LIFE PHARMACY, INC		
	me of Corporation)	
no. 206000001895, a corporation organized under the laws of the State		
(Document Number, if known)	, a vo. portainon organizati unit inti in inti or ini orași	
FLORIDA		

Bupendra Agravat

(Signature of regigning officer/director)

FILING FEE IS \$35.00

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

Amendment Section

<u>Division of Corporations</u>

P.O. Box 6327

Tallahassee, Florida 32314