10600014220

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

Division of Corporations
SUBJECT: Medcare, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P06000014220
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Marcos A. Guerra, CFO
(Name of Person)
Pharmed Group Holdings, Inc.
(Name of Firm/Company)
3075 NW 107th Avenue
(Address)
Miami, Florida 33172
(City/State and Zip Code)
For further information concerning this matter, please call:
Marcos A. Guerra at (305) 592-2324 (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.
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION 2007 23 AM II: 28 FOR A CORPORATION

hereby resign as Director and President (Title)
ion organized under the laws of the State of
igning 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