

Pol000055275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

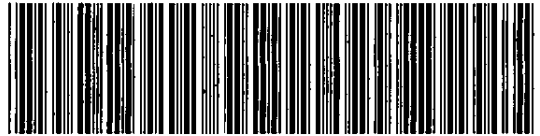
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163708528

Resignation
of Officer

12/22/09--01031--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 22 PM 3:01

FILED

ADR
12/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIACARERX, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000055275

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

DIACARE, INC.

(Name of Firm/Company)

19 SOUTH DIXIE HWY

(Address)

LAKE WORTH, FLORIDA 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

ELAN BARENBOIM at (561) 866-4103
(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

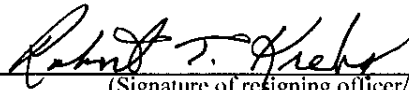
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DIACARE, INC., hereby resign as PRESIDENT
(Title)

of DIACARERX, INC.
(Name of Corporation)

P06000055275, a corporation organized under the laws of the State of
(Document Number, if known)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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