

P06000116306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

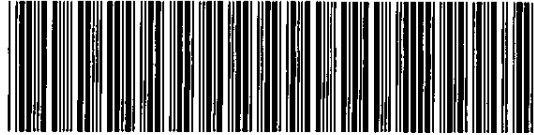
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. Roberts NOV - 6 2887**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAPE CORAL EXPRESS PHARMACY, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000116306

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

Please return all correspondence concerning this matter to the following:

JUAN C. PASCUAL

(Name of Person)

(Name of Firm/Company)

514 NE 16TH PL

(Address)

CAPE CORAL FL 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN C. PASCUAL

(Name of Person)

at ( 786 ) 287-5893

(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, MARIA DE GREGORIO, hereby resign as VICE PRESIDENT  
(Title)

of CAPE CORAL EXPRESS PHARMACY, INC.,  
(Name of Corporation)

P06000116306, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**07 NOV -5 AM 11:38**  
**SECRETARY OF STATE**  
**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