## P06000146789

(Reque	stor's Name)			
(Addres	is)			
(Addres	s)			
(City/St	ate/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Docum	ent Number)			
Certified Copies	Certificate	s of Status		
Special Instructions to Filin	g Officer:			

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

0 10 Resign.
08/03/07

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	SJECT: ACCU-BREAK Generics, Inc.
-	(Name of Corporation)
DOG	CUMENT NUMBER: P06000146789
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Lav	wrence Solomon M.D.
	(Name of Person)
AC	CU-BREAK Generics, Inc.
	(Name of Firm/Company)
100	00 S. Pine Island Road, Suite 230
	(Address)
Pla	ntation, FL 33324
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Kiki	Bartsocas at ( 954 ) 236-7351 ext 114 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Divis Clifts 2661	Mailing Address:  Indian Mailing Address:  Amendment Section  Sion of Corporations  On Building  Executive Center Circle  Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lawrence Rosenthal	, hereby resign as President	
7		(Title)
of ACCU-BREAK Generics, Inc.		
(Name	of Corporation)	,
P06000146789 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		

FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations
P.O. Roy 6227

Tallahassee, Florida 32314