

Pb7000127319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

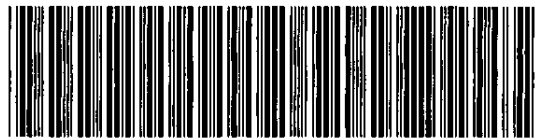
(Business Entity Name)

(Document Number)

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000129923760

*Resignation
by officer*

05/22/08--01013--012 **35.00

FILED
2008 MAY 22 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
5/29/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA DISCOUNT Rx #1 INC
(Name of Corporation)

DOCUMENT NUMBER: P 07000127319

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

Please return all correspondence concerning this matter to the following:

~~AKIN~~ ~~BAKER~~ SUSAN TITA
(Name of Person)

FLORIDA DISCOUNT Pharmacy
(Name of Firm/Company)

1911 W MLK JR BLVD
(Address)

TAMPA FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN TITA at (813) ~~343~~ 425-2195
(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**

FILED

2008 MAY 22 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, AKIN BAKARE, hereby resign as Treasurer
(Title)

of FLORIDA DISCOUNT RX #1 INC
(Name of Corporation)

P07600127319, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA effective 5/01/08


(Signature of resigning officer/director)

*Please delete my Name AKIN BAKARE as one of
the officers of the Company.*

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