

P09000027498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

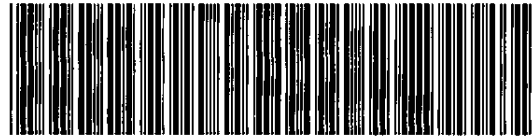
(Business Entity Name)

(Document Number)

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09/17/10--01011--007 \*\*35.00

*Mr. Ed Regis*

FILED  
10 SEP 17 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 20 2010

**COVER LETTER**

**FILED**  
10 SEP 17 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A TO Z PHARMACY INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000027498

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

Please return all correspondence concerning this matter to the following:

NICHOLAS A BORGESANO

(Name of Person)

A TO Z PHARMACY

(Name of Firm/Company)

9039 LITTLE ROAD

(Address)

NEW PORT RICHEY, FL 34654

(City/State and Zip Code)

For further information concerning this matter, please call:

NICK BORGESANO at ( 727 ) 378-8574  
(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

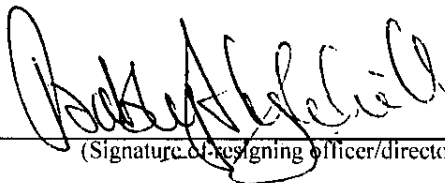
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PRABHJOT GILL, hereby resign as PRESIDENT  
(Title)

of A TO Z PHARMACY INC  
(Name of Corporation)

P09000027498, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 09/13/2010  
(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