

P090000043741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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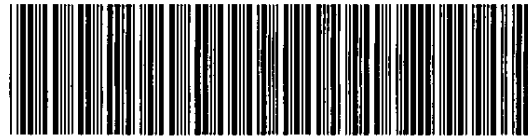
(Business Entity Name)

(Document Number)

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600160994616

*Resignation
of officer*

600160994616
09/29/09--01017--013 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 29 PM 3:20

FILED

*APR
10/1/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHARMACYONEPRO-MIAMI, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000043741

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

Please return all correspondence concerning this matter to the following:

Ira S. Stern

(Name of Person)

PHARMACYONEPRO-MIAMI, INC

(Name of Firm/Company)

65 3RD STREET, N.W. , Suite 59

(Address)

WINTERHAVEN FL 33881

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian A. Kahan, Esq.

(Name of Person)

at (561) 999-5999

(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

2009 SEP 29 PM 3:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Ira S. Stern, hereby resign as Vice President
(Title)

of PHARMACYONEPRO-MIAMI, INC.
(Name of Corporation)

P09000043741, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 9/17/2009
(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