## P09000060020

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Harbour Joland Sr	pocialty Pharmany Inc
SUBJECT: Harbour Island Sp	(Name of Corporation)
DOCUMENT NUMBER: PO	9900060020
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Keith M. Goan	
(Name of P	erson)
Prieto, Prieto & Goan, P.A.	
(Name of Firm/	Company)
3705 N. Himes Ave	
(Addres	s)
Tampa, Fl 33607	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Keith M. Goan	<sub>at (</sub> 813 <sub>)</sub> 877-8600Mi
(Name of Person)	at ( 813 ) 877-8600Mi (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

10 FEB-1 PM 12: 07
TALLAMASSEE, FLORIDA

Ī.	Michael Piper	, hereby resign as_	Director	LORID	
-, _		, noteby resign us_	<del></del>	(Title)	
of	Harbour Island Specialty Pharmacy, Inc.				
V	(Nan	ne of Corporation)			
P0900060020		, a corporation organized under the laws of the State of			
	(Document Number, if known)	,			
Fle	orida				

(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