

PO9000067850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C.COULLETTE

DEC 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Port Charlotte Blood Draw Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000067850

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

Please return all correspondence concerning this matter to the following:

Matthew Klein

(Name of Person)

Patient Care Pharmacy Services, Inc.

(Name of Firm/Company)

1476 Market Circle, Unit 1

(Address)

Port Charlotte, FL 33953

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Klein

(Name of Person)

at (239) 280-8580

(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:

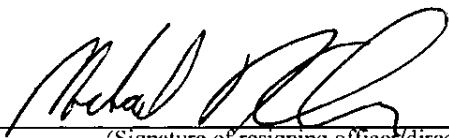
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Klein, hereby resign as Director
(Title)

of Port Charlotte Blood Draw Center, Inc.
(Name of Corporation)

P09000067850, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

 12-11-09
(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

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TALLAHASSEE, FLORIDA