

PD9000090056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800180619058

05/10/10--01028--026 **35.00

FILED
10 MAY 10 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off resign
C.COULLETTE

MAY 17 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PCMEDIXUSA CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P09000090056

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

Please return all correspondence concerning this matter to the following:

LUCIA SCALIA

(Name of Person)

PCMEDIXUSA CORPORATION

(Name of Firm/Company)

3151 CLINT MOORE RD, STE 204

(Address)

BOCA RATON FL 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH ROBERT

(Name of Person)

at (561) 206-4355

(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

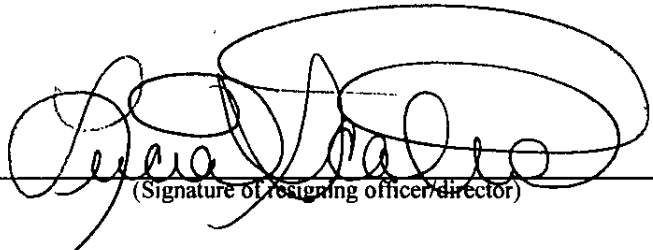
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUCIA SCALIA, hereby resign as PRESIDENT
(Title)

of PCMEDIXUSA CORPORATION,
(Name of Corporation)

P09000090056, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 10 AM 9:12

FILED