P10000099463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAYHAN PHARMACY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P100000 99463

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

Please return all correspondence concerning this matter to the following:

RAMON ALVAREZ
(Name of Person)

MID-FLORIDA ANASTHESIA ASSOCIATES, INC.
(Name of Firm/Company)

2100 SE OCEAN BLVD SUITE 100
(Address)

STUART, FLORIDA 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON ALVAREZ at (772) 403-1496
(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, RAMON ALVAREZ, hereby resign as SECRETARY / DIRECTOR
(Title)

of RAYMAR PHARMACY, INC.
(Name of Corporation)

P10000099463
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

X _____
(Signature of resigning officer/director)

RAMON ALVAREZ

12 APR 28 AM 8:18

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