

P10000099463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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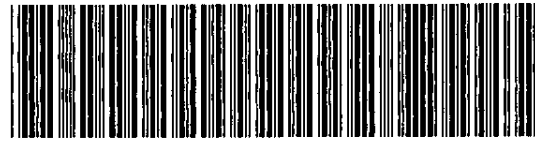
(Business Entity Name)

(Document Number)

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12 MAR 28 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

20

MAR 29 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raym Pharmacy, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P1 0000099463

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

Please return all correspondence concerning this matter to the following:

MARC I. Levine
(Name of Person)

Mid-Florida Anesthesia Associates, Inc.
(Name of Firm/Company)

2100 SE Ocean Blvd. Suite 100
(Address)

Gulfport, Florida 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

MARC I. Levine at (772) -485-8805
(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, NANCY LEVINE, hereby resign as Treasurer / Director
(Title)

of RAYMAR PHARMACY, INC.
(Name of Corporation)

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

FLORIDA

X 
(Signature of resigning officer/director)
NANCY I. LEVINE

12 MAR 28 AM 8:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
MAR 28 1998
FBI-58

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