

P11000006276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

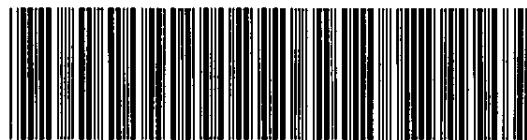
(Business Entity Name)

(Document Number)

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14 MAR 28 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 28 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MY HEALTH SOUTH PHARMACY INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000066276

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

Please return all correspondence concerning this matter to the following:

WENDY JOHNSON

(Name of Person)

(Name of Firm/Company)

21431 SW 109 COURT

(Address)

MIAMI, FL 33189

(City/State and Zip Code)

For further information concerning this matter, please call:

WENDY JOHNSON

(Name of Person)

at (305) 746-1382

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

APPROVED
AND
FILED

14 MAR 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, WENDY JOHNSON, hereby resign as Director, President, Secretary
(Title)

of MY HEALTH SOUTH PHARMACY INC
(Name of Corporation)

P11000066276, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Wendy Johnson
(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