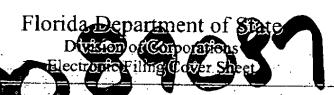
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Division of Corporations



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(((H20000441198 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone

: (813)435-3176

Fax Number

: (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT RESIGNATION ANGELS CARE PHARMACY, INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Florida Statutes, the undersigned, | HE LAW OFFICES OF NICK SPRADLIN, PLLC (Name of Registered Agent) |
|---|---|
| hereby resigns as Registered Agent for | ANGELS CARE PHARMACY, INC. |
| neleby resigns as Registered Agent R | (Name of Corporation) |
| P11000089037 | |
| (Document Number, if known) | |
| The agency is terminated and the offi | d to the above listed corporation at its last known address ice discontinued on the 31st day after the date on which |
| The agency is terminated and the offithis statement is filed. | ice discontinued on the 31st day after the date on which |
| this statement is filed. | |
| this statement is filed. | ice discontinued on the 31st day after the date on which |
| this statement is filed. | (Stenandre of Resigning Agent) |

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)

CEO.