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Offices of Law Lucas, Green & Magazine

Jeff Lucas⁴ Robert A. Green, Jr.14 James L. Magazine¹²⁴⁵⁴⁷⁸

- 1. Licensed in the United States Supreme Court
- 2. Board Certified Civil Trial Law
- Supreme Court Certified Mediator
- 4. Million Dollar and Multi-Million Dollar Advocates Forum
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New Port Richey, Florida 34654 (727) 849-5353 • Fax: (727) 845-7949 1-800-4-INJURY

Clementine "CC" Conde Stephen H. Haskins²³⁵ C. Samuel Newman²⁵⁶ Martin Macyszyn

Of Counsel: Michael Mastrogiovanni:

www.lgmlawgroup.com .

TAX ID: 14-1981023

July 29, 2014

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Pursuant to the provisions of Section 607.0502(2) of the Florida Statutes, I am hereby delivering for filing my statement of resignation of registered agency appointment for the Florida Corporation known as Florida Pharmacy Solutions, Inc.. Enclosed herewith you will find the original executed statement. Please accept same for immediate filing.

I am also enclosing herewith a check made payable to: Department of State in the amount of \$85.00 as payment for the required fee.

Sincerely,

Jeff Lucas, Esquire

Ecn.

Please Respond To:

□ Liberty Professional Center 8606 Government Drive New Port Richey, Florida 34654 (727) 849-5353 Fax: (727) 845-7949

□ Prestige Place 2623 McCormick Drive, Suite 103 Clearwater, Florida 33759 (727) 499-9900 Fax: (727) 499-9797

☐ Hernando County Office 2190 Commercial Way Spring Hill, Florida 34606 (352) 686-0080 Fax: (352) 686-0022

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STATEMENT OF RESIGNATION OF REGISTERED AGENCY APPOINTMENT OF FLORIDA PHARMACY SOLUTIONS, INC.

I, JEFF LUCAS, hereby resign as registered agent of the corporation, FLORIDA PHARMACY SOLUTIONS, INC.. P1200072610

I hereby state that I have signed this Statement of Resignation and have delivered it for filing with the Department of State of the State of Florida, Division of Corporations, Corporate Filings, Post Office Box 6327, Tallahassee, Florida 32314.

I further state that a copy of this Statement of Resignation has been mailed to Florida Pharmacy Solutions, Inc. at its principal office address of 13933 17th Street, Suite 300, Dade City, Florida 33525.

DATED this _____ th ____ day of July, 2014.

TEFE LLICAS

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