

P12000075202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

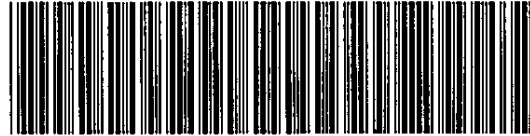
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 08 2014  
C. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allergimed, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000075202

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

Please return all correspondence concerning this matter to the following:

**Thomas C Crawford**

(Name of Person)

**allMedRx**

(Name of Firm/Company)

**8645 N. Military Trail Suite 405-406**

(Address)

**Palm Beach Gardens, FL 33418**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Thomas C Crawford** at **561 557-1645**

(Name of Person)

(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**

I, Thomas C Crawford, hereby resign as Secretary  
(Title)

of Allergimed, Inc.  
(Name of Corporation)

P12000075202, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Thomas C Crawford  
(Signature of resigning officer/director)

2016 DEC -7 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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