Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000058223 3)))



H150000582233ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
-----

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:					
-------	----------	--	--	--	--	--

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MAX PHARMACY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Meny

850-617-6381

3/9/2015 11:01:13 AM PAGE 1/001 Fax Server

#0414 P.001/003



March 9, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAX PHARMACY CORP. 2017 WEST 62 STREET HIALEAE, FL 33016

SUBJECT: MAX PHARMACY CORP.

REF: P14000046114

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE WORD "CORP." IS MISSING FROM THE CORPORATE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850): 245-6050.

Parlene Connell Regulatory Specialist III FAX Aud. #: H15000058223 Letter Number: 915A00004737 , 01/18/2033 04:24

Reina's Pharnacy

01/15/2033 01:59

7865349685

#0414 P.003/003

#0337 P. 002/02

H15000058223

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Idusis Hanresq ment	yresign as President
of HAX Pharm	acy Corp.
P140000 40 114 a corporation of (Document Number, if known)	rganized under the laws of the State of
FL.	•

mature 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

