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(Requestor's Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALPHAMEDS PHARMACY INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Mr. Frank Daisernia
4540 Bowfin Dr.
Tallahassee, FL 32303

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Daisernia at (850) 562-3587
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANK DAISERNIA, hereby resign as Secretary
(Title)

of ALPHAMEDS PHARMACY, INC.
(Name of Corporation)
487 E. TENNESSEE ST. Suite 2, Tallahassee, FL 32301-
(Document Number, if known) a corporation organized under the laws of the State of 7640
Florida

Frank Daisernia
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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