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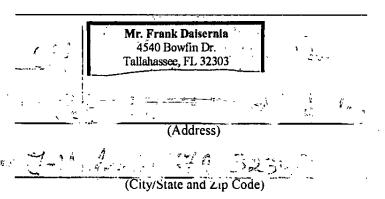
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COVER LETTER

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:



For further information concerning this matter, please call:

Frank Davierria 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FRANK DAISERNIA, hereby resign as Decretary (Title)	
of ALPHAMEDS PHARMACY, INC. 487 E. TENNESS E E of Soporation Just 2, Jallahannee, 313, a corporation organized under the laws of the State of	2301-
(Document Number, if known)	. 1010
	E T
(Signature of resigning officer/director)	3

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