## P98000002964

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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R.A. Resign.

6. Doublines FEB 13506

. (	reenberg Traurig, P.A.	ĺ		
_	Requester's Name			
	Address			
	City/State/Zip Phone #			
	lease call June at 222-6891 who hank you!	en ready.		
				Office Use Only
CO	RPORATION NAME(S) & DOCUM	MENT NUM	BER(S), (if k	nown):
1	Onlegated Phane (Corporation Name)	Ma Cl	utical ocument #)	Corporation
2	(Corporation Name)	(Do	ocument #)	· · · · · · · · · · · · · · · · · · ·
3	(Corporation Name)	(Do	ocument #)	
4	(Corporation Name)	(Do	cument #)	
X	<b>1</b> Walk in ☑ Pick up time PL	Scall		Certified Copy
	Mail out Will wait	Photoco	nv	Certificate of Status
			PJ	A date-Stamped Copy
<u>N</u> E	W FILINGS	AMENDM	<u>ENTS</u>	Case
	Profit Not for Profit Limited Liability Domestication Other	Change	eation of R.A. e of Registere ution/Withdra	, Officer/Director ed Agent
<u>ro</u>	HER FILINGS	REGISTR	ATION/QUA	ALIFICATION
	Annual Report Fictitious Name		d Partnership atement	

Examiner's Initials

CR2E031(7/97)



February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: INTEGRATED PHARMACEUTICAL CORPORATION

Ref. Number: P98000002964

We have received your document for INTEGRATED PHARMACEUTICAL CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

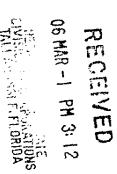
Resigning agent must sign.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 306A00010241



## **COVER LETTER**

Division of Corporations
SUBJECT: INTEGRATED PHARMACEUTICAL CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: P98000002964
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pedro A. Martin
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
/ॣऀॣॣ∤ Brickell Avenue
(Address)
Miami, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martinat (305) 5790545
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Amendment Section

TO:

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Pe	edro Martín (Name of Registered Agent)			
hereby resigns as Registered Agent for	INTEGRATED PHARMACEUTICAL CORPORA (Name of Corporation)			
P98000002964				
(Document Number, if known)	<del></del>			
A copy of this resignation was mailed	to the above listed corporation at its last known address.			
this statement is filed.	ignature of Resigning Agent)			
If signing on behalf of an entity:	SECRET AND THE			
Pedro A. Martin	Say - I			
	(Typed or Printed Name)			
Registered Agent				
	(Capacity)			

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314