

P 98000010848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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6/3/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer
(Name of Corporation)

DOCUMENT NUMBER: P98000010848

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

Please return all correspondence concerning this matter to the following:

N. Lois Adams, President/CEO
(Name of Person)

HHCS Pharmacy Inc dba Freedom Pharmacy
(Name of Firm/Company)

3901 E Colonial Drive
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Maret at (407) 898-4427
(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

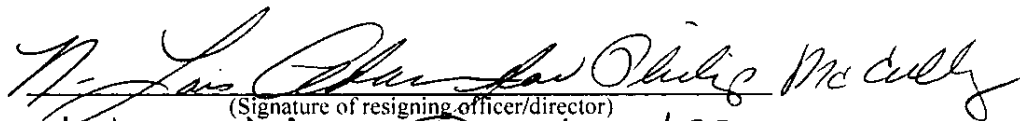
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Philip McCully, hereby resign as Vice President/Finance
(Title)

of HHCS Pharmacy Inc d/b/a Freedom Pharmacy,
(Name of Corporation)

P98000010848, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)
N. Lois Adams, President/CEO

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 11 AM 10:59**