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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IFARM/EMEDICAL I D, INC.
(Name of Corporation)
DOCUMENT NUMBER: P98000076258
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:
Charisse Mittle, Corporate Paralegal
(Name of Person)
Johnson, Pope, Bokor, Ruppel & Burns, LLP
(Name of Firm/Company)
911 Chestnut Street
(Address)
Clearwater, Florida 33756
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael T. Cronin at (727) 461-1818 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MI	CHAEL T. CRONIN
•	(Name of Registered Agent)
hereby resigns as Registered Agent for	IFARM/EMEDICAL I D, INC.
	(Name of Corporation)
P98000076258	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	gnature of Resigning Agent)
If signing on behalf of an entity:	Typed or Printed Name)
(Typed or Printed Name)
<u> </u>	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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