F99000003880

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

Office Use Only



000147518040

04/01/09--01019--018 **210.00

09 APR - 1 AM 8: 36
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C.COULLIETTE

APR 0 2 7909

EXAMINER

BRÁSHEAR, MARSH, KURDZIEL & McCARTY PL

Counselors At Law

926 N.W. 13th Street Gainesville, FL 32601-4140 Telephone: 352/336-0800 Facsimile: 352/336-0505 NFLALAW.COM

BRUCE BRASHEAR, JD LARRY D. MARSH, JD, LLM* REBEKAH M. KURDZIEL, JD, LLM JAMES H. "MAC" McCARTY, JR., JD, MBA

March 31, 2009

*Florida Bar Board Certified Tax Lawyer

Amendment Section Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

RE:

Medical Development International LTD., Inc.

Document Number F99000003880

Dear Sir or Madam:

Enclosed please find six (6) Officer/Director Resignation Forms for Medical Development International LTD.. Inc., as well as a firm check for \$210.00 for the filing fees.

Thank you, and please call my office if you have any questions concerning this matter.

Kind regards, BRASHEAR, MARSH,

KURDZIEL & McCARTY, PL

Rebekah M. Kurdziel, Esq

RMK/sj

Enclosures

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Medical Developme	nt International LTD., Inc.
	(Name of Corporation)
DOCUMENT NUMBER: F990	000003880
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Rebekah M. Kurdziel, Esq.	
(Name of Pers	on)
Brashear, Marsh, Kurdziel & Me	cCarty, PL
(Name of Firm/Co	mpany)
926 NW 13th Street	
(Address)	
Gainesville, FL 32601	
(City/State and Zi	ρ Code)
For further information concerning	this matter, please call:
Rebekah M. Kurdziel, Esq.	at (352) 336-0800 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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, G. Stephen Brown	, hereby resign as Director
ofMedical Development Interna	· · · · · · · · · · · · · · · · · · ·
(Nam	e of Corporation)
F9900003880 (Document Number, if known)	, a corporation organized under the laws of the State of
Delaware	
Sister	(Signature of resigning officer/director) ALLAHASSE
	FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: