P0300076372

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

SUBJECT: RIVER MED INTERNATIONAL, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>603000076372</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYSIE CHIRICO (Name of Person)
(Name of Firm/Company)
MOO W. COMMERCIAL BLUD A BOOM (Address)
Pt. LAUDERDALE, PL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
LYSUE CHIRCO at (954) 229-1612 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations

TO:

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

OFFICER/DIRECTOR RESIGNATION

I, Maria Izabel Germano Lisboa, hereby resign as President of River Med International, Inc. Document #P03000076372, Corporation organized under the laws of the State of FLORIDA and affirm that the corporation has been notified in writing of the resignation.

Maria Izabel Germano Lisboa