P04000084402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

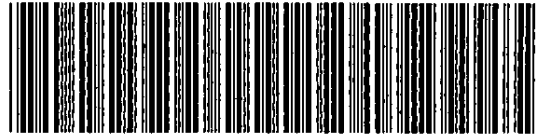(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Resign
Thiws
8-19-08

COVER LETTER

TO: Amendment Section
  Division of Corporations

SUBJECT: _BARRIER MED PACKAGING CO_
(Name of Corporation)

DOCUMENT NUMBER: _PO40000P4402_

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

Please return all correspondence concerning this matter to the following:

MR RICO DOS ANTOS
(Name of Person)

PLEASE COPY CORRESPONDENCE TO:

BARRIERMED, INC.
(Name of Firm/Company)

SEPPO E. RAPO MD
175 BAXTER NECK ROAD
MARSTONS MILLS MA 02648

169 BETSY BROWN ROAD
(Address)

RYE BROOK, NY 10573
(City/State and Zip Code)

For further information concerning this matter, please call:

SEPPO E. RAPO, MD at (_508_) _280 - 8381_
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made 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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

2008 AUG 12 AM 11: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, _SEPPO F. RAPO, MD_ , hereby resign as _CEO / DIRECTOR :_
                                                                (Title)

of _BARRIERMED PACKAGING CO._ ,
          (Name of Corporation)

_P04000084402_ , a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA .

EFFECTIVE : DECEMBER 1, 2007

_____
(Signature of resigning officer/director)

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