P07000034530

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: BARRIER M 2DICAL TECHNOLO (Name of Corporation)	GIES, INC.
DOCUMENT NUMBER: PO7000034530	
The enclosed Officer/Director Resignation for a Corporation and for	ee are submitted for filing.
Please return all correspondence concerning this matter to the follow	owing:
(Name of Person)	
	PLEASE COPY COTTRESPONDENCE TO:
BARRIERMED, IN C. (Name of Firm/Company)	•
(Address)	SEPPO E. RAPO MD 175 BAXTER NECK ROAD MARSTONS MILLS MA 02648
RYL BROOK NY 10573 (City/State and Zip Code)	
For further information concerning this matter, please call:	
SEPPO L RAPO AT at (508) 28 (Name of Person) (Area Code & Day	30 - 838/ ytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departs	ment of State.

Mailing Address:
Amendment Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2001 AUG 12 AMII: 14
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

I, <u>SEPPO F RAPO</u> , hereby resign as CHAIRMAN OF ROM (Title)	ard
of BARRIERMEDICAL TECHNOLOGIES, INC. (Name of Corporation)	
P0700034530 , a corporation organized under the laws of the State of (Document Number, if known)	of
FLORIDA	
EFFECTIVE: DECEMBER 1, 2007	
Signature of resigning officer/orector)	

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