

PO9000010031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

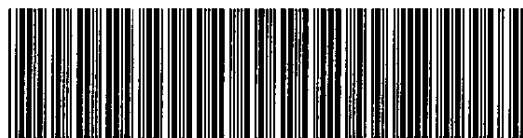
(Business Entity Name)

(Document Number)

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10 OCT - 7 PM 12:32
SECRETARY OF STATE
DEPARTMENT OF REVENUE

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10/10/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JTB Med Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000010031

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

Please return all correspondence concerning this matter to the following:

James D. Sills - Powell
(Name of Person)

JTB Med.
(Name of Firm/Company)

21417 NW 13th Court, Apt 109
(Address)

Miami Gardens, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

James D. Sills - Powell at (316) 322-5230
(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

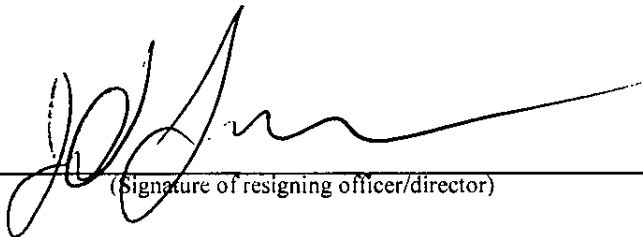
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James S. Ellis - Parsons, hereby resign as President / Owner
(Title)

of JTB Med Inc,
(Name of Corporation)

P09000010031, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

10 OCT - 7 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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