P9700024364

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



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06/07/11--01017--006 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BRITON MED, INC.	(Name of Corporation)
DOCUMENT NUMBER: P970	000024364
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ocerning this matter to the following:
Rendell L. Brewster	
(Name of Perso	on)
RLB Financial Services, Inc.	
(Name of Firm/Con	mpany)
16115 SW 117 Ave, STE A-14	
(Address)	
Miami, FL 33177	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Rendell L. Brewster	at (305) 253-8774
(Name of Person)	at (305) 253-8774 (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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, AUSBERTO HIDALGO	, hereby resign as PRESIDENT, DIRECTOR
*,	(Title)
of_ BRITON MED, INC.	
(Name o	of Corporation)
P97000024364	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	\
Mode	ignature of resigning officer/director)
- (5	agnature 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