

P99000061429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN JUL 14 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA MED DISTRIBUTORS, INC
(Name of Corporation)

DOCUMENT NUMBER: P99000061429

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

Please return all correspondence concerning this matter to the following:

Jesus Mederos

(Name of Person)

Jesús Mederos

(Name of Firm/Company)

3380 NW 15 ST

(Address)

Miami FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

Jesus Mederos

(Name of Person)

at

(305)

633-5833

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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
FOR A CORPORATION**

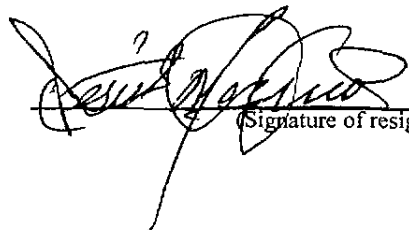
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JESUS MEDEROS, hereby resign as PRESIDENT
(Title)

of FLORIDA MED DISTRIBUTORS, INC.
(Name of Corporation)

P99000061429, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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