

F10000005379

(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:

Office Use Only



600241404066

11/05/12--01012--012 \*\*35.00

FILED  
12 NOV -5 PM 12:00  
RECEIVED  
11/05/2012

Withdrawal  
11/8/12  
Dc



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

November 2, 2012

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Oxygen Biotherapeutics, Inc.

Dear Filing Officer:

Please file the attached Application for Withdrawal for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

  
Linda Stauffer  
Client Specialist

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oxygen Biotherapeutics, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F1000005379

The enclosed **withdrawal application** and fee are submitted for filing.  
*Please return all correspondence concerning this matter to the following:*

Linda Stauffer

\_\_\_\_\_  
(Name of Person)

NRAI Corporate Services

\_\_\_\_\_  
(Firm/Company)

1021 Main Street, Suite 1150

\_\_\_\_\_  
(Address)

Houston, TX 77002

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Linda Stauffer

at ( 800 ) 862-5438

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**OXYGEN BIOTHERAPEUTICS, INC.**

(Name of Corporation)

F1000005379

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

One Copley Parkway, Suite 490


(Mailing Address)

Morrisville, NC 27560

(City/ State /Zip)

FILED  
12 NOV -5 PM 12:00  
RECEIVED  
NOV 5 2012

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

11/11/2012  
(Date)

Michael B. Jebson  
(Typed or printed name of person signing)

CFO and President  
(Title of person signing)

**FILING FEE \$35**