Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000184005 3)))



HD70D01940053ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

MECEIVED

77 JUL 18 AH 8: 00

VISION OF CORPORATION

## DISSOLUTION OR WITHDRAWAL

CARDINAL HEALTH 109, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Anendalocto

Electronic Filing Menu

Corporate Filing Menu

Help

NO. 691

PP. 1/2sf 1

7/18/2007

https://efile.sunbiz.org/scripts/efilcovr.exe

## III 10 2007 2 000M

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

Cardinal Health 109, Inc. (Name of Corporation)	
829863	
(Document Number of Corporation (If known)	07 JI SECRE
Texas	
(Incorporated Under Laws of)	TARY OF ASSEE F
This corporation is no longer transacting business or conducting affairs with voluntarily surrenders its authority to transact business or conduct affairs in Fl	in the State of Florida and hereby lorida.
This corporation revokes the authority of its registered agent in Florida to appoints the Department of State as its agent for service of process based on a time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
Chief Legal Officer, Cardinal Health, Inc., 7000 Cardina	al Place
(Mailing Address)	
Dublin, OH 43017	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any ci	hange in its mailing address.
An IVI YOU	July /3,2007
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
John M. Adams, Jr.	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35