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TRANSMITTAL LETTER

Division of Corporation	ns				5° °
SUBJECT:	C.A.E., INC. dba EN		EDICAL SYST	TEMS, INC.	(Q.
	(Name of corp	oration)			
DOCUMENT NUMBER: _	F00000001271			·	***
The enclosed withdrawal app	olication and fee are s	ubmitted	for filing.		
Please return all corresponden matter to the following:	ce concerning this				
Chesley Ellis					
(Name of Perso	n)				
Encore Medical Systems, Inc.			_		
(Firm/Company)			3	00004706 -12/05/01 *****35.00	59536 -01098802 *****
937 Longdale Ave				-	
(Address)	·				
Longwood, Fl. 32750					
(City/State and Zip	code)				
For further information concer	ning this matter, pleas	se call:			
Chesley Ellis	at ((407) 265-2102		
(Name of Perso	\mathbf{n})	(Area Co	de & Daytime	Telephone Number	

STREET ADDRESS:

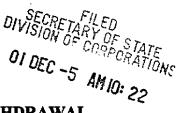
Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Wither.

12/11/01



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