F000000 4402

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
:		
		Jak V
		1/2/2/L

Office Use Only



600013680536

03/13/03--01037--019 **35.00

CT CORPORATION SYSTEM

March 13, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5738071 WO

Customer Reference 1: 22823 Customer Reference 2: 00076

Dear Secretary of State, Florida:

Please file the attached:

Medaire, Inc. (NV) Qualification Florida

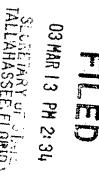
-MedAire, Incorporated (AZ)
Post-Merger Withdrawal/Removal
Florida

一点に

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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

MedAire, Incorporated		
(Name of Corporation) Anton		
(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.		
80 E. Rio Salado Parkway, Ste. 610 (Mailing Address)		
Tempe, AZ 85281		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the future of any change in its mailing address.		
Signature Title Kiell C. Andreassen		

Date

Typed or printed name