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	Datex-Ohmeda, Inc. P.O. Box 7550 Madison WI 53707-75	{ ; =
(Ćit	y/State/Zip/Phone /	<i>f</i>)
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TRANSMITTAL LETTER

	lment Section on of Corporations	
SUBJECT: _	Lifeclinic Medical Da	
	(Name of con	poration)
DOCUMENT	NUMBER:	
The enclosed	withdrawal application and fee are	submitted for filing.
Please return a matter to the formatter	Il correspondence concerning this ollowing:	
Laura Vo	gel	
	(Name of Person)	1
<u>Lifec</u> liņ <u>i</u>	c Med. Data Corp. (Firm/Company)	en e
PO Box 75	50 Atn: Tax Dept. (Address)	- · · · · ·
	WI 537078-7550 ity/State and Zip code)	· · · · · · · · · · · · · · · · · · ·
For further info	ormation concerning this matter, ples	ase call:
Laura Vo	gel at	(608) 221–1551
	(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADI	DRESS:	MAILING ADDRESS:
Amendment Section		Amendment Section
Division of Corporations Division of Corporations		
109 E. Gaines	E. Gaines St. P.O. Box 6327	
Tallahassee, FL. 32399 Tallahassee, FL. 32314		Tallahassee, FL. 32314

	RPORATION FOR WITHDRAWAL
	BUSINESS OR CONDUCT AFFAIRS TORIDA
Lifeclinic Medical Data Cor	
(Name of Co	orporation)
Washington State	
	Under Laws Of)
and hereby voluntarily surrenders its authority to This corporation revokes the authority of its rep	gistered agent in Florida to accept service on its s agent for service of process based on a cause of
The following is a current mailing address for the	corporation:
	PO Box 7550 Attn: Tax Dept.
	Address) Madison, WI 53707-7550 ate /Zip)
The corporation agrees to notify the Department address.	of State in the future of any change in its mailing
Milley	President
Signature of the chairman or vice chairman of the boar president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, by	rd, Title hands of a
Dave Tilley	January 31, 2003
Typed or printed name	Date