

FOI00000036/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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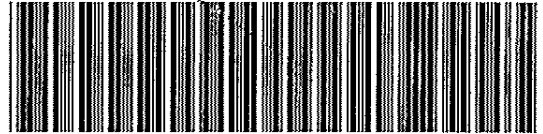
(Business Entity Name)

(Document Number)

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Trinity Plaza II Building
745 East Mulberry Ave.
Suite 600
San Antonio, Texas 78212

**PORTER • ROGERS
DAHLMAN & GORDON**
A Professional Corporation Attorneys at Law
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Board Certified
Texas Board of Legal Specialization
Estate Planning & Probate & Tax Law*

August 17, 2005

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CERTIFIED MAIL-Return Receipt Requested
No. 7004 2510 0006 6318 1321

RE: Clinical Image Management Systems, Inc.
Document No. F01000003612

Dear Sir/Madam:

I enclose herewith an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for the above-referenced corporation. I also enclose a check for \$35.00, the required filing fee.

Please return a file-stamped copy to me in the self-addressed and stamped envelope provided for your convenience.

Should you have any questions, please do not hesitate to call.

Sincerely,

PORTER, ROGERS, DAHLMAN, & GORDON, P.C.

By: _____

Mason S. Standley

MSS/jam
Enclosure
cc: Carol Y. Cox

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

Pursuant to section 607.1520 of the Florida statutes, the undersigned hereby applies for a certificate of withdrawal on behalf of the corporation named below and for that purpose submits the following statements:

1. The name of the corporation as it currently appears on the records of the secretary of state of Florida is:

CLINICAL IMAGE MANAGEMENT SYSTEMS, INC.
Document No: F01000003612

2. The state of incorporation is DELAWARE.
3. A certificate of authority was issued to the entity on JULY 3, 2001.
4. The above corporation is no longer transacting business in the state of Florida and hereby voluntarily surrenders the authority to transact business or conduct affairs in Florida.
5. The corporation hereby revokes the authority of its registered agent in Florida to accept service of process on its behalf and hereby appoints the Department of State as its agent for service of process in any proceeding based upon any cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
6. The mailing address to which the Department of State may mail a copy of any process served is: Carol Y. Cox, 13300 OLD BLANCO RD, STE. 180, SAN ANTONIO, TEXAS, 78216.
7. The corporation hereby commits to notify the Department of State in the future of any change in mailing address set forth in #6 above.

CLINICAL IMAGE MANAGEMENT SYSTEMS, INC.

By: _____

Carol Y. Cox, President

Dated: _____

8-17-05

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TALLAHASSEE, FLORIDA