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: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL CROTHALL FACILITIES MANAGEMENT INC.

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TO:	Amendment Section	•	
	Division of Corporations		
SUBJ	ECT: Crothall Facilities Management Inc.		
		(Name of Corporation)	_
DOC	UMENT NUMBER: F01000005195		
The en	nclosed withdrawal application and	e are submitted for filing.	
	return all correspondence concerning to the following:	his	
	955 Chesterbrook Blvd., Suite 300, Wayr	PA 19087	
		(Name of Person)	
	Crothall Clinical Equipment Services, Inc		
		(Firm/Company)	
	955 Chesterbrook Blvd., Suite 300		_
		(Address)	
	Wayne, PA 19087		
	(C	y/State and Zip code)	
Por fu	rther information concerning this mat	r, please call:	
David T	eklits	at (610) 576-5199	
	(Name of Person)	at (610) 576-5199 (Area Code & Daytin	ne Telephone Number)
	STREET ADDRESS: Amendment Section	Amendme	G ADDRESS: nt Section
	Division of Corporations		f Corporations
	P.O. Box 6327 Taliahassee, FL 32314		entive Center Circle

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

Ċ	rothall Facilities Management Inc.
	(Name of Corporation)
FO	11000005195
	(Document Number of Corporation (if known)
De	claware
_	(Incorporated Under Laws of)
	ation is no longer transacting business or conducting affairs within the State of Florida and herebases surrenders its authority to transact business or conduct affairs in Florida.
appoints the	ration revokes the authority of its registered agent in Florida to accept service on its behalf and EDepartment of State as its agent for service of process based on a cause of action arising during the authorized to transact business or conduct affairs in Florida.
The followi	ng is a current mailing address for the corporation:
95	5 Chesterbrook Blvd., Suite 300 (Mailing Address)
	(Mailing / Pooleds)
W	sync, PA 19087 (City/ State /Zip)
	(4)
The corpora	tion agrees to notify the Department of State in the future of any change in its mailing address.
(Sign rece	onurs of a director, president or other officer - if in the hands of a (Date) iver or other court appointed fiduciacy, by that fiduciary)
Dan	icl Gatti CFO (Typed or printed name of person signing) (Title of person signing)
	(12 hea or harmen upme or beison silknig).

FILING FEE \$35