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	endment Section
Div	ision of Corporations
SUBJECT	: Advance MED Corporation (MEDAU Corporation)
	(Name of Corporation)
DOCUME	NT NUMBER: F0/00005392
The enclose	ed withdrawal application and fee are submitted for filing.
	n all correspondence concerning this e following:
	Michele R. Cappello
	Michele R. Cappello (Name of Person) YO NCI WFORMATION SYSTEMS INC. (Firm/Company) 11730 Plaza America Price
_	(Firm/Company)
	11730 Plaza America Price
	(Address)
	Restan VA Zago
	(City/State and Zip code)
For further	information concerning this matter, please call:
ruch	(Name of Person) at (703) 707 656 6 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
	MAILING ADDRESS: STREET ADDRESS:
	Amendment Section Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Advance hed Corpora (Name of	Corporation)
F01 0000053 (Document Number of	of Corporation (if known)
Virginia (Incorporated	d Under Laws of)
	conducting affairs within the State of Florida and hereby
	red agent in Florida to accept service on its behalf and ce of process based on a cause of action arising during the affairs in Florida.
The following is a current mailing address for the corp 1730 P La 2a America (Mailin	
Reston, JA 20190	g Address) 2 APR 2
(City/ S	State /Zip) RY 05-STATE 8. RTIATE
The corporation agrees to notify the Department of Sta Million (Signature of a director, president of the officer - if in the han receiver or other court appointed fiduciary, by that fiduciary)	cretary 4/23/12
(Typed or printed name of person signing)	Secretary (Title of person signing)

FILING FEE \$35