

F010000006392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

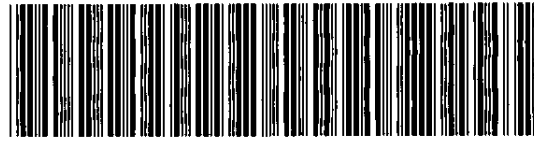
(Business Entity Name)

(Document Number)

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FILED  
15 DEC 29 AM 9:53  
STATE CLERK OF COURTS  
ALABAMA DEPARTMENT OF REVENUE

*Withdrawal*

RECEIVED  
DEPARTMENT OF STATE  
15 DEC 29 PM 4:30

DEC 30 2015

D CONNELL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 872681 4305461  
AUTHORIZATION : *Spuddean*  
COST LIMIT : \$ 35.00

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ORDER DATE : November 13, 2015  
ORDER TIME : 3:47 PM  
ORDER NO. : 872681-145  
CUSTOMER NO: 4305461

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FOREIGN FILINGS

NAME: ZEE MEDICAL, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

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

Zee Medical, Inc.

\_\_\_\_\_  
(Name of Corporation)

F01000006392

\_\_\_\_\_  
(Document Number of Corporation (if known))

California

\_\_\_\_\_  
(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 for the corporation:

6800 Cintas Blvd.

\_\_\_\_\_  
(Mailing Address)

Mason, OH 45040

\_\_\_\_\_  
(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

12/23/15

\_\_\_\_\_  
(Date)

J. Michael Hansen

\_\_\_\_\_  
(Typed or printed name of person signing)

CFO/Treasurer

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**