

F03000002032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

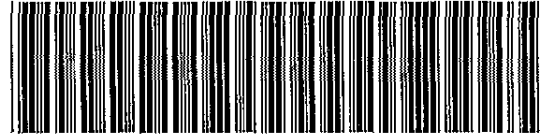
(Document Number)

Certified Copies _____

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withdrawal

01/04/06--01040--002 **35.00

FILED
06 JAN -4 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
06 JAN -4 PM 11:47
DIVISION OF CORPORATION

AKC
114106

CT CORPORATION

January 4, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6511693 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Suros Surgical Systems, Inc. (IN)
Withdrawal ...
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie.Bryan@wolterskluwer.com

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

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

SUROS SURGICAL SYSTEMS, INC.

(Name of Corporation)

F03000002032

(Document Number of Corporation (if known))

Indiana

(Incorporated Under Laws of)

FILED
JAN - 4 PM 12:42
06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

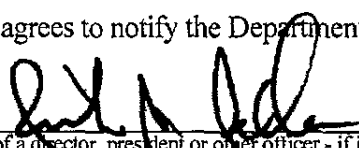
6100 Technology Center Drive

(Mailing Address)

Indianapolis, IN 46278

(City/ State /Zip)

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)

10/25/05
(Date)

Rich Rella

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILING FEE \$35