

F030000003165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

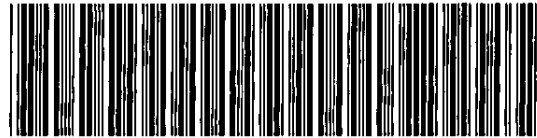
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TALLAHASSEE, FLORIDA

withdrawal
SP
5/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEL MAR REYNOLDS MEDICAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: F03000003165

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

ERIC HARAKUNI

(Name of Person)

OSI SYSTEMS, INC.

(Firm/Company)

12525 CHADRON AVE.

(Address)

HAWTHORNE, CA 90250

(City/State and Zip code)

For further information concerning this matter, please call:

ERIC HARAKUNI at (310) 349-2295

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

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**

DEL MAR REYNOLDS MEDICAL, INC.

(Name of Corporation)

F03000003165

(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:

12525 CHADRON AVE.

(Mailing Address)

HAWTHORNE, CA 90250

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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

x *[Signature]*

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

5/1/08

(Date)

ALAN EDRIK

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

FILING FEE \$35