F03000036615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdrawn

5.27.08

Perkins Coie

1120 N.W. Couch Street, Tenth Floor
Portland, OR 97209-4128
PHONE: 503.727.2000
FAX: 503.727.2222
www.perkinscoie.com

Lesa M. Hays
PHONE: (503) 727-2155
EMAIL: LHays@perkinscoie.com

May 15, 2008

VIA UPS GROUND

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Withdrawal Application
Inovise Medical Inc.

Dear Sir or Madam:

Enclosed for filing is the Withdrawal Application for Inovise Medical, Inc. and a check in the amount of $35.00 as payment of fees. Please return a conformed copy in the enclosed self-addressed, postage-paid envelope. Please contact me if you have any questions.

Very truly yours,

Lesa M. Hays
Paralegal

LMH:aeh
Enclosures

cc: Elizabeth Ettling

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inovise Medical, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000003615

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

Please return all correspondence concerning this matter to the following:

Lesa Hays
(Name of Person)

Perkins Coie LLP
(Firm/Company)

1120 NW Couch Street, 10th Floor
(Address)

Portland, OR 97209
(City/State and Zip code)

For further information concerning this matter, please call:

Lesa Hays at (503) 727-2155
(Name of Person) (Area Code & Daytime Telephone Number)

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

MAILING 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

Inovise Medical, Inc.
(Name of Corporation)

F03000003615
(Document Number of Corporation (if known)

Oregon
(Incorporated Under Laws of)

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2008 MAY 22 PM 2:15
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:

10565 SW Nimbus Avenue, Suite 100
(Mailing Address)

Portland, OR 97223
(City/ State /Zip)

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

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

5-14-08
(Date)

Patricia A. White
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE $35