

F03000004/71

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(Address)

(City/State/Zip/Phone #)

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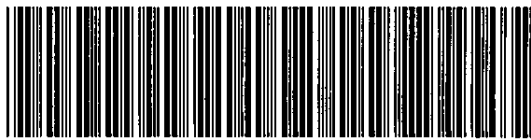


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MediVector Biopharmaceutical Center
(Name of Corporation)

DOCUMENT NUMBER: F03000004171

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

+ certified

Please return all correspondence concerning this
matter to the following:

Api Rudich

(Name of Person)

MediVector, Inc.

(Firm/Company)

245 First Street, Suite 1800, Cambridge, MA 02141

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Api Rudich

(Name of Person)

at (617)

337 5405

(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**

MediVector Biopharmaceutical Center

(Name of Corporation)

F03000004171

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

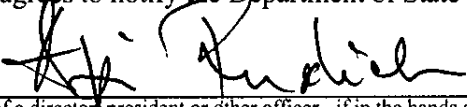
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

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:

c/o MediVector
(Mailing Address)
245 First Street, Suite 1800
Cambridge, MA 02145
(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)

Api Rudich

(Typed or printed name of person signing)

July 20, 2007

(Date)

CEO

(Title of person signing)

FILING FEE \$35