

F 03 00 00 04 966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

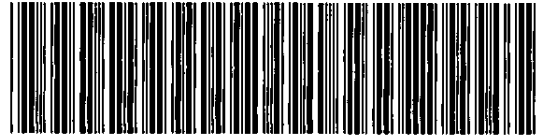
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 OCT -4 AM 10:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -4 AM 11:35

B. KOHR

OCT - 4 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 529498 4319460
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

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DIVISION OF CORPORATIONS
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ORDER DATE : October 1, 2010
ORDER TIME : 5:09 PM
ORDER NO. : 529498-010
CUSTOMER NO: 4319460

FOREIGN FILINGS

NAME: PDSHEART, INC.

 CORPORATE
 LIMITED PARTNERSHIP
XXX 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: Troy Todd - EXT# 2940

EXAMINER: _____

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

PDSHeart, Inc.

(Name of Corporation)

F03000004966

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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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 CardioNet, Inc., 227 Washington Street, Suite 300

(Mailing Address)

Conshohocken, PA 19428

(City/ State /Zip)

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

X Joseph H. Capper
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

9/13/10
(Date)

Joseph H. Capper

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

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