F04000001976

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:





300032875103

U5/17/04--01047--020 **35.00

CHMAY I 7 PM 2: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WithDr

smiths

Smiths Medical ASD, inc.

Anesthesia and Safety Devices Division

10 Bowman Drive Keene NH 03431-0724 USA Tel: 603 352 3812 x2468 Fax: 603 357-1540 www.smiths-medical.com

May 11, 2004

Karen Gibson
Document Specialist
Florida Dept of State
PO Box 6327
Tallahassee, FL 32314

Dear Ms Gibson:

Re: Our phone conversation of May 10 and previous correspondence.

FEIN 95-3974847

Ref. Number F01000006037

Ref. Number F04000001976

Please close Ref. F04000001976, Smiths Medical ASD, Inc. This corporate "application" was filed in error. I have enclosed a \$35.00 fee and Application for Withdrawal. Then please rename Portex, Inc., Ref. F01000006037 to Smiths Medical ASD, Inc per our application.

Your help in this matter is truly appreciated.

Best regards,

Rebecca Trumbull Staff Accountant

rebecca.trumbull@smiths-medical.com

(603) 352-3812 x2468

Bivona•



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Smiths Medical ASD, Inc. (Name of corporation)
DOCUMENT NUMBER: F0400001976
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Reference Trumbull (Name of Person)
Sniths Medical ASD Inc. (Firm/Company)
10 Bowman Dr. Le (Address)
Leene NH 03431 (City/State and Zip code)
For further information concerning this matter, please call: Colecce Touch at (603) 352-3812 \ \ (\text{Name of Person})

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTH

ORITY TO TRANSACT BUSINESS OR CONDUCT AF	FAIRS IN FLORIDA
Smiths Medical ASD Inc (Name of Corporation)	DI MY
F 04000001976 (Document Number of Corporation (if known)	LED 17 PP 2: SSEEFFU
Delaware (Incorporated Under Laws of)	29 DRIDA
poration is no longer transacting business or conducting affairs within the ly surrenders its authority to transact business or conduct affairs in Florida.	
poration revokes the authority of its registered agent in Florida to accept the Department of State as its agent for service of process based on a cause	

This corn voluntar

This cor appoints time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

10 Bowman Drive Po Box 724 (Mailing Address)
Loege NH 03431 (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)

Director of Finance (Title of person signing) Linda M Hakala (Typed or printed name of person signing)

FILING FEE \$35