00000421

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700067799727

04/11/06--01009--307 **35.30

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLOOD DIAGNOSTICS INC. (Name of Corporation)
DOCUMENT NUMBER: F04006004218
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDWARD STIFFFI, JR. (Name of Person)
BLOOD DIAGNOSTICS, FNC. (Firm/Company)
110 CENTRUM ORIVE (Address)
TKmo, SC 29063 (City/State and Zip code)
For further information concerning this matter, please call:
DAVIO NICHTICK at (803) 732-/0/8 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

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

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

BLOOD DIAGNOSTICS INC (Name of Corporation)

F04000004218 (Document Number of Corporation (if known)			
SOUTH CARCLINA (Incorporated Under Laws of)	·············		
This corporation is no longer transacting business or conducting affairs within the State of Florvoluntarily surrenders its authority to transact business or conduct affairs in Florida.	rida and	hereb	y
This corporation revokes the authority of its registered agent in Florida to accept service on appoints the Department of State as its agent for service of process based on a cause of action artime it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
110 CENTRUM ORIVE (Mailing Address)	SECRET/	06 APR I	<u> </u>
IRMO, SC 290C3 (City/ State /Zip)	SSEE. FLORI	1 AM 9: 39	FILED
The corporation agrees to notify the Department of State in the future of any change in its mailing	g addres	is.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)			
FOW ARD STIFFE TA VICE PRESIDE. (Typed or printed name of person signing) (Title of person signing)	JT ig)	<u></u>	

FILING FEE \$35