To: Page 2 of 4 2/5/2017		Florida Department of Division of Corporations Electronic Filing Cover Sh	5	Kimberly Laughrey
-		ase print this page and use it as a cover sheat shown below) on the top and bottom of all page (((H17000035040 3)))		
	Note: DO	H170000350403ABCU		
MD	To: From:	Doing so will generate another cov Division of Corporations Fax Number : (850)617-6380 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	File first: please co before processing	the
		DISSOLUTION OR WITHDE MEDSYNERGIES, INC Certificate of Status Certified Copy Page Count Estimated Charge	· *	17 FEB - 5 MH B: 50
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12122023573 From: Kimberly Laughrey

## COVER LETTER.

TO: Amendment Section Division of Corporations

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SUBJECT: MedSynergies, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F04000005656

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Certified Copy (Additional copy is Enclosed) 552.50 Enling Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

## MAILING ADDRESS:

Certificate of Status

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

## STREET ADDRESS:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 2017-02-06 13:53:05 CST

12122023573 From: Kimberly Laughrey

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

MedSynergies, Inc.

Ē

(Name of Corporation)

F04000005656

(Document Number of Corporation (if known)

Delaware

(Incorporated Under Laws of)-

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 curre	nt mailing address for the corporation:		17	÷
0000 River Paul	East, MN008-T700	<b>*</b> *		· · · ·
	(Mailing Address)	<u>سبان</u> ی ۲ ۲۰۰۹ میلانی میلانی	9 - 9	۰۰ ۲۰۰۰ - ۲۰
Minneunka, Mł	N 56343	27 27 4	2	
	(City/ State/Zip)		သ	
		دی (د∵ ۱۰۰۰ - ۲۰۰۰ ۲۹۳	57	

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

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

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2/1/2017 (Date)

son signing)

FILING FEE \$35