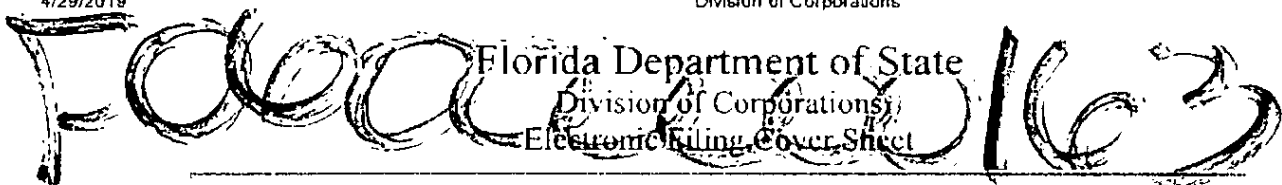


4/29/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000141307 3)))



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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

RECEIVED

2019 APR 29 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FL

DISSOLUTION OR WITHDRAWAL
SUROS SURGICAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

TALLAHASSEE, FLORIDA

19 APR 29 AM 0:53

FILED

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

Suros Surgical Systems, Inc.

(Name of Corporation)

F0600C000163

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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19 APR 29 AM 11:53
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04/29/19 BY 60322 UCBAW

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:

250 Campus Drive

(Mailing Address)

Marlborough, MA 01752

(City/ State /Zip)

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

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

4/28/19
(Date)

Patricia K. Dolan
(Typed or printed name of person signing)

Vice President
(Title of person signing)