F0600003910

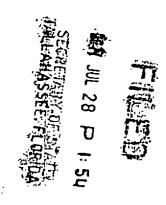
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TO:	Amendment Section Division of Corporations			
CHDI	Blue Medical Supply, Inc.App			
SODa		Name of Corpor	ation)	
DOC	UMENT NUMBER: F06000003910		- William	
The e	enclosed withdrawal application and fee	are submitted f	or filing.	
	e return all correspondence concerning the rothe following:	(Name of Corporation) (Name of Person) (Name of Person) (Pirm/Company) (Address) (Saya) (City/State and Zip code) (City/State and Zip code) (Aca Code & Daytime Telephone Number) (Additional copy is Corporation Corporations) (Additional copy is Enclosed) (Name of Person) (Aca DDRESS: Corporations) (Name of Person) (Aca DDRESS: Corporations) (Aca DDRESS: Corporations) (Aca DDRESS: Corporations)		
	Ginny Eden, Legal Specialist			
		Name of Person)	
	McKesson Corporation			
	(Firm/Company)			
	2 National Data Plaza NE (Address)			
	Atlanta, GA 30329			
	(City	y/State and Zip c	ode)	
For fu	urther information concerning this matter	, please call:		
Ginny	y Eden, Legal Specialist		461-5235)	
Enclo	(Name of Person) osed is a check for the amount:	(Area	Code & Daytime Telephone Number)	
∠ \$3	55 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional cop	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		Amendment Section Division of Corporations	

Tallahassee, FL. 32301

. . .

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

Blue Medical Supply, Inc.	
(Name of Corporation)
F0600003910	
(Document Number of Corporation	n (if known)
Delaware	
(Incorporated Under Laws	s of)
This corporation revokes the authority of its registered agent is ppoints the Department of State as its agent for service of proche time it was authorized to transact business or conduct affairs. The following is a current mailing address for the corporation:	cess based on a cause of action arising duri
One Post Street	.eti
(Mailing Address) San Francisco, CA 94104	STORE JUL
(City/ State /Zip)	78 T
he corporation agrees to notify the Department of State in the fu	uture of any change in its alling address.
tearen M. Pineda	6/2/2017
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Karen M. Pineda	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35