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COVER LETTER

	ment Section n of Corporations		
R.	Medical Supply Grou	ın İnc	
SUBJECT: 1		me of Corporation)
DOCUMENT	ENGONONE	•	,
The enclosed w	rithdrawal application and fee a	re submitted for fil	ing.
Please return al matter to the fo	I correspondence concerning this flowing:		
She	erry A. Banner		
	(Na	ame of Person)	
Ow	ens & Minor, Inc.		
	(Fi	rm/Company)	
912	20 Lockwood Boulev	/ard	
		(Address)	
Med	chanicsville, VA 231	116	
	(City/S	tate and Zip code)	
For further info	ormation concerning this matter, p	lease call:	
Sherry A	Banner	at (804)	23-7948
	(Name of Person) heck for the amount:		e & Daytime Telephone Number)
√ \$35 Filing F	(A	43.75 Filing Fee & ertified Copy Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
] 1 1	MAILING ADDRESS: 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

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

Medical Supply Group, Inc.
(Name of Corporation)
(Name of Corporation) F06000005840 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
virginia
(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 current mailing address for the corporation:
9120 Lockwood Boulevard
(Mailing Address)
Mechanicsville, VA 23116
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. Command Harmon Color Color
Rosemarie.France@owens-minor.com Secretary
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35