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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL LYRIC MEDICAL SUPPLIES OF FLORIDA, INC.

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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Lyric Medical Supplies of Florida, Inc.		
(Name of Corpora	tion)	
DOCUMENT NUMBER: F06000007203		
The enclosed withdrawal application and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the following:		
Catherine Wright		
(Name of Person)		
McNees Wallace & Nurick LLC		
(Pirm/Company)		
100 Pine Street, P.O. Box 1166 Harrisburg, PA 17108-1166		
(Address)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Catherine Wright at (717	237-5294	
	Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
•	Tallahassee, FL 32301	

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APPLICATION BY FOREIGN CORPORATION AUTHORITY TO TRANSACT BUSINESS OR CO Lyric Medical Supplies of Florida, Inc. (Name of Corporation) F06000007203 (Document Number of Corporation)	ON FOR WITHDRAWAL OF CONDUCT AFFAIRS IN FLORIDA	
Lyric Medical Supplies of Florida, Inc.	75°C 18	
(Name of Corporation)		
F0600007203		
(Document Number of Corporation ((Clasowa)	
Detemble	₹	
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct at This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Florent The following is a current mailing address for the corporation:	ffairs in Florida. Florida to accept service on its behalf and based on a cause of action arising during the	
7150 Columbia Gateway Drive, Suite J		
(Mailing Address) Columbia, MD 21046 (City/ State /Zip)		
The corporation agrees to notify the Department of State in the future of any change in its mailing address.		
(Signature of a director, presidented other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Timothy J. Trybus	Senior Vice President	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35