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COVER LETTER

TO:	Amendment Section Division of Corporations			
O E USO	_{JECT:} B & B Medical Se	ervices. Inc.		
SUB	JECI:	(Name of Corpora	tion)	
DOC	UMENT NUMBER:			
The e	enclosed withdrawal application and	fee are submitted fo	r filing,	
	e return all correspondence concerning er to the following:	g this		
	Bill Long			
		(Name of Person)		
B & B Medical Services, Inc.				
(Firm/Company) 2236 NW 10th St, Ste 103				
	Oklahoma City, OK	73107		
		City/State and Zip co	ode)	
For fi	arther information concerning this mat	ter, please cali:		
Bill	Long	at (405	₎ 235-9548 x111	
Enclo	(Name of Person) osed is a check for the amount:	(Area C	Code & Daytime Telephone Number)	
S3	5 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fed Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

B & B Medical Services, Inc.
(Name of Corporation)
F0700000197
(Document Number of Corporation (if known)
Oklahoma
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereb 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 an appoints the Department of State as its agent for service of process based on a cause of action arising durin the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
2236 NW 10th St, Ste 103
(Mailing Address)
Oklahoma City, OK 73107
(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, plesident or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35