

F07000003780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
17 MAY 24 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
17 MAY 24 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Withdrawal*

MAY 30 2017

D CONNELL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 656160 7112723

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 24, 2017

ORDER TIME : 1:04 PM

ORDER NO. : 656160-005

CUSTOMER NO: 7112723

FOREIGN FILINGS

NAME: OCEAN MEDICAL INTERNATIONAL  
USA INCORPORATED

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_



656160

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2017

CSC  
ATTN: MELISSA ZENDER

**RESUBMIT**  
Please give original  
submission date as file date

SUBJECT: OCEAN MEDICAL INTERNATIONAL USA INCORPORATED  
Ref. Number: F07000003780

We have received your document for OCEAN MEDICAL INTERNATIONAL USA INCORPORATED and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

PLEASE REMOVE "FLORIDA" AND ADD "ENGLAND" AS THE INCORPORATED UNDER LAWS OF SECTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 917A00010667

RECEIVED  
DEPARTMENT OF STATE  
17 MAY 26 PM 4:13

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Medical International USA Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000003780

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deryl Rice

(Name of Person)

International SOS

(Firm/Company)

600 Travis St Ste.3200

(Address)

Houston, Texas 77002, USA

(City/State and Zip code)

For further information concerning this matter, please call:

Deryl Rice

at (+1) 713-512-5682

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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**

Ocean Medical International USA Incorporated

(Name of Corporation)

F07000003780

(Document Number of Corporation (if known))

England

(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:

600 Travis St Ste.3200

(Mailing Address)

Houston, Texas 77002, USA

(City/ State /Zip)

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TALLAHASSEE FLORIDA

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

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

19 May 2017

(Date)

Grant Edmund Bevis Jeffery

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**FILING FEE \$35**