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Withdrawal

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	StoneRiver Pharmacy Solutions, Inc.				
	(Name of Corporation)				
DOC	UMENT NUMBER: F07000004751				
The e	nclosed withdrawal application and fee are submitted for filing.				
	e return all correspondence concerning this r to the following:				
	Brenda Lindsay, Paralegal				
	(Name of Person)				
	Godfrey & Kahn, S.C.				
	(Firm/Company)				
	780 North Water Street				
	(Address)				
	Milwaukee, WI 53202				
	(City/State and Zip code)				
For fi	urther information concerning this matter, please call:				
Bren	da Lindsay 414 273-3500				
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:				
✓ \$3	5 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
	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

StoneRiver Pharmacy Solutions, Inc. (Name of Corporation)	TAS DE
F07000004751	FILED DEC 26
(Document Number of Corporation (if known)	F = 3
Delaware	9: 23 STATE LORID
(Incorporated Under Laws of)	
poration is no longer transacting business or conducting affairs within the ly surrenders its authority to transact business or conduct affairs in Florida	
poration revokes the authority of its registered agent in Florida to acce the Department of State as its agent for service of process based on a ca	

The following is a current mailing address for the corporation:

the time it was authorized to transact business or conduct affairs in Florida.

	(Mailing Address)	
Tampa, FL 33619		
·	(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, president or other officer - if in the hands of a receiver or other court appoint a fiduciary, by that fiduciary)	/2//3/26/3 (Date)	
Julia A. Jensen	Secretary	
(Typed or printed name of person signing)	(Title of person signing)	