Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 NEW WAVE SURGICAL CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

6/17/14

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---------------|---|---|--|
| SUBJ | ECT: New Wave Surgical Corp. | Di | |
| | | (Name of Corpo | oration) |
| DOC | UMENT NUMBER: F08000005135 | | |
| Tbe e | nclosed withdrawal application and | fcc are submitted | i for filing. |
| | e return all correspondence concerning r to the following: | g this | |
| | Cheryl Copeland-lewis | | |
| | | (Name of Perso | on) |
| | New Wave Surgical Corp. | | |
| | | (Firm/Compan | 1y) |
| | 15 Hampshire Street | | |
| | | (Address) | |
| | Mansfield, MA 02048 | | |
| | ((| City/State and Zip | code) |
| For fu | urther information concerning this ma | tter, please call: | |
| Cheryl | Copeland-Lewis | at (508 |) ^{261–8000} |
| Enclo | (Name of Person) sed is a check for the amount: | (Are | ea Code & Daytime Telephone Number) |
| ⊠ \$3. | 5 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Certified Copy (Additional co Enclosed) | y Certificate of Status & Certified |
| | 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 |

New Wave Surgical Corp.

FILED
2014 JUN 16 AM 10: 40
ALLAHASSEE, FLORIDA

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

| (Name of Corporation) | | | |
|---|--|--|--|
| Pannantarias | | | |
| F08000005135 (Document Number of Corporation | n (if known) | | |
| | | | |
| Delaware | • | | |
| (Incorporated Under Law | s of) | | |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting | | | |
| This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs | cess based on a cause of action arising during | | |
| The following is a current mailing address for the corporation: | | | |
| 15 Hampshire Street | | | |
| (Mailing Address) | | | |
| Mansfield, MA 02048 | | | |
| (City/ State /Zip) | | | |
| The corporation agrees to notify the Department of State in the fi | | | |
| | 6/13/2014 | | |
| (Signaphre of a director, president or other officer - if in the hands of a recopier of other court appointed fiduciary, by that fiduciary) | (Date) | | |
| John W. Kapples | Secretary | | |
| (Typed or printed name of person signing) | (Title of person signing) | | |

FILING FEE \$35