

# FI 0000000526

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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21 MAR 30 PM 3:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*



March 22, 2021

Florida Secretary of State  
Division of Corporations  
Amendment Section  
2415 N. Monroe St.  
Suite 810  
Tallahassee, FL 32303

RE: Filing Number F10000000526

Dear Sir or Madam:

Enclosed please find the Corporate Withdrawal Application for Crescent Therafusion, Inc.

Upon completion, please send a copy to my attention at:

Option Care  
3000 Lakeside Dr.  
Suite 300N  
Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-940-2528 or email me at [michelle.mazzenga@optioncare.com](mailto:michelle.mazzenga@optioncare.com)

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Mazzenga", written over the printed name.

Michelle Mazzenga  
Senior Specialist

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crescent Therafusion, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F10000000526

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

Please return all correspondence concerning this matter to the following:

Michelle Mazzenga

\_\_\_\_\_  
(Name of Person)

Crescent Therafusion, Inc.

\_\_\_\_\_  
(Firm/Company)

3000 Lakeside Dr., Suite 300N

\_\_\_\_\_  
(Address)

Bannockburn, IL 60015

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Michelle Mazzenga

at ( 312 ) 940-2528

\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Crescent Therafusion, Inc.

\_\_\_\_\_  
(Name of Corporation)

F10000000526

\_\_\_\_\_  
(Document Number of Corporation (if known))

California

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

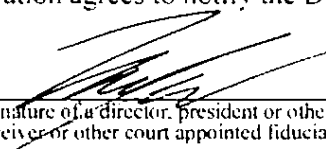
3000 Lakeside Dr., Suite 300N

\_\_\_\_\_  
(Mailing Address)

Bannockburn, IL 60015

\_\_\_\_\_  
(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 appointed fiduciary, by that fiduciary)

Michael Shapiro

\_\_\_\_\_  
(Typed or printed name of person signing)

  
\_\_\_\_\_  
(Date)

President, CFO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

FILED  
21 MAR 30 PM 3:14  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA