

F1/000000452

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

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

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

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

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PICK-UP

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WAIT

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MAIL

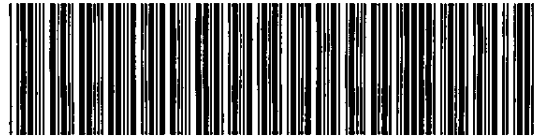
\_\_\_\_\_  
(Business Entity Name)

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

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Withdrawal

06/06/14--01004--004 \*\*35.00

FILED  
2014 JUN -6 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
6/18/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hitachi Aloka Medical, Ltd  
(Name of Corporation)

**DOCUMENT NUMBER:** F11000000452

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

Please return all correspondence concerning this  
matter to the following:

Sarah Caumont

(Name of Person)

Hitachi Aloka Medical, Ltd

(Firm/Company)

10 Fairfield Blvd

(Address)

Wallingford, CT 06492

(City/State and Zip code)

For further information concerning this matter, please call:

Sarah Caumont at (203) 269-5088 ext 337

(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**

**Hitachi Aloka Medical, Ltd co**

(Name of Corporation)

**F11000000452**

(Document Number of Corporation (if known))

**Japan**

(Incorporated Under Laws of)

FILED  
2011 JUN -6 PM 3:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

**10 Fairfield Blvd**

(Mailing Address)

**Wallingford, CT 06492**

(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)

**RAY A KOBAL**

(Typed or printed name of person signing)

**5/29/14**

(Date)

**Secretary**

(Title of person signing)

**FILING FEE \$35**