Division of Corporations

Page 1 of 1



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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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## DISSOLUTION OR WITHDRAWAL PARMED PHARMACEUTICALS, INC.

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## COVER LETTER

TO:	Amendment Section Division of Corporations		
SURI	FOT: Parmed Pharmaceuticals, Inc.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Corporation	a)
DOC	UMENT NUMBER: F11000002091		
Name of Corporation)  DOCUMENT NUMBER: F11000002091  The enclosed withdrawal application and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Nadia Poliandro (Name of Person)  Cardinal Health (Firm/Company)  7000 Cardinal Place (Address)  Dublin, OH 43017 (City/State and Zip code)  For further information concerning this matter, please call:  Nadia Poliandro at (614 ) 757-5382 (Name of Person)  Cardinal Place call:  Nadia Poliandro at (614 ) 757-5382 (Name of Person)  Cardinal Place call:  Statis Poliandro (Area Code & Daytime Telephone Number)  Cardificate of Status Certified Copy Certificate of Status & Certified			
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	Na	dia Poliandro	
		Armed Pharmaceuticals, Inc.  (Name of Corporation)  (Number: F11000002091  (Number: F11000002091  (Number: F11000002091  (Name of Person)  (Name of Person)  (Name of Person)  (Cardinal Health  (Firm/Company)  7000 Cardinal Place  (Address)  Dublin, OH 43017  (City/State and Zip code)  (Ormation concerning this matter, please call:  andro  at (614 ) 757-5382  (Name of Person)  heck for the amount:  (Area Code & Daytime Telephone Number)  (Additional copy is Enclosed)  MAILING ADDRESS:  Amendment Section  STREET ADDRESS:  Amendment Section	
	Ca		
		(Firm/Company)	
(Name of Corporation)  DOCUMENT NUMBER: F11000002091  The enclosed withdrawal application and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Nadia Poliandro (Name of Person)  Cardinal Health (Firm/Company)  7000 Cardinal Place (Address)  Dublin, OH 43017 (City/State and Zip code)  For further information concerning this matter, please call:  Nadia Poliandro (Name of Person)  Enclosed is a check for the amount:  \$\frac{35}{25}\$ Filing Fee \$\frac{343.75}{25}\$ Filing Fee & \$\frac{343.75}{25}\$ Filing Fee \$\frac{352.50}{25}\$ Filing Fee, \$\frac{352.50}{25}\$ Filing Fee, \$\frac{352.50}{25}\$ Certificate of Status & Certified Copy (Additional copy is enclosed)			
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Enclos		(Area Cod	e & Daytime Telephone Number)
□ \$35		Certified Copy (Additional copy is	Certificate of Status & Certified
	MATLING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		

Parmed Pharmaceuticals, Inc.

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

(Name of Corporation)

(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		ereby
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proof the time it was authorized to transact business or conduct affairs	cess based on a cause of action arising d	
The following is a current mailing address for the corporation:	ī	<del>-</del>
7000 Cardinal Place (Mailing Address)		
		ω 
Duhlin, OH 43017	•	
Dublin, OH 43017 (City/ State /Zip)		-
(City/ State /Zip)	•	
(City/ State /Zip)	sture of any change in its mailing address	
(City/ State /Zip)	•	
(City/ State /Zip)  The corporation agrees to notify the Department of State in the fi	sture of any change in its mailing address	

**FILING FEE \$35**