

F110000005231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

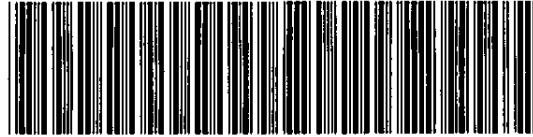
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900290987549

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 14 PM 4:32

RECEIVED
16 OCT 14 PM 12:02
19 APR 2016
SUFFICIENCY OF FILING

OCT 17 2016
C McNAIR

W/2K IN

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/14/16

NAME: MEDSHAPE, INC.

TYPE OF FILING: WITHDRAWAL

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 14 PM 4:32

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File First **

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedShape, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F11000005231

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
16 OCT 14 PM 4:32

FILED IN THE
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 OCT 14 PM 4:32

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

MedShape, Inc.

(Name of Corporation)

F11000005231

(Document Number of Corporation (if known))

Georgia

(Incorporated Under Laws of)

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:

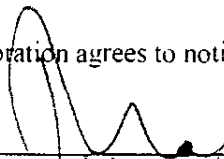
1575 Northside Drive NW, Suite 440

(Mailing Address)

Atlanta, GA 30318

(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)

10/12/2016

(Date)

J. Kurt Jacobus

(Typed or printed name of person signing)

President and CEO

(Title of person signing)

FILING FEE \$35