

F12000002489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

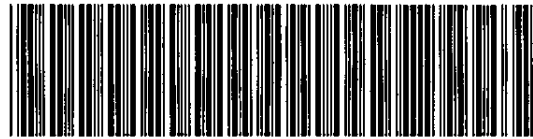
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/26/13--01033--015 \*160

FILED  
SECRETARY OF STATE  
ALL AMENDMENTS  
13 DEC 26 PM 2:55  
FLORIDA

*Withdrawal*

JAN - 6 2014

T. CARTER

December 23, 2013

**VIA FEDEX (850) 245-6051**

Florida Department of State  
Division of Corporations – Amendment & Registration Sections  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Progressive Medical, Inc.

Dear Sir/Madam:

Progressive Medical, Inc., an Ohio corporation, has converted to become an Ohio limited liability company. Enclosed for filing are the following documents to update the qualification records of Progressive Medical in Florida:

1. Duplicate originals of an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for Progressive Medical, Inc.
2. Duplicate originals of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Progressive Medical, LLC together with a Certificate of Designation of Registered Agent/Registered Office
3. A Certificate of Status for Progressive Medical, LLC from the Ohio Secretary of State.
4. A check in the amount of \$160.00 to cover the following filing fees:
  - a. \$35 for the Withdrawal Filing
  - b. \$125 for the Application for Authorization and Certificate of Designation

Florida Department of State

December 23, 2013

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Once these documents have been filed, please arrange to have evidence of the filings returned to me using the envelope provided. Should you require anything further, please feel free to call me toll-free at (877) 455-2900. Thank you for your assistance.

Very truly yours,

GODFREY & KAHN, S.C.



Janell Bohn  
Paralegal

JMSB

Enclosures

cc: Julia Jensen (w/enclosures via email [julia.jensen@stoneriver.com](mailto:julia.jensen@stoneriver.com))  
John Bencivenga (w/enclosures via email [john.bencivenga@pmsionline.com](mailto:john.bencivenga@pmsionline.com))  
Debra S. Koenig (w/enclosures via email [dskoenig@gklaw.com](mailto:dskoenig@gklaw.com))

10618695.1

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Progressive Medical, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F12000002489

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

Please return all correspondence concerning this matter to the following:

Janell Bohn, Paralegal

(Name of Person)

Godfrey & Kahn, S.C.

(Firm/Company)

780 North Water Street

(Address)

Milwaukee, WI 53202

(City/State and Zip code)

For further information concerning this matter, please call:

Janell Bohn, Paralegal

at ( 414 ) 273-3500

(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 STATE  
TALLAHASSEE FLORIDA

13 DEC 26 PM 2:55

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

Progressive Medical, Inc.

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

F12000002489

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

Ohio

\_\_\_\_\_  
(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:

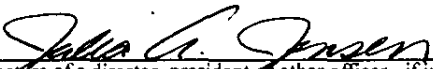
175 Kelsey Lane

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

Tampa, FL 33619

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

Julia A. Jensen

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

12/13/2013

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

Secretary

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

**FILING FEE \$35**