To



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001702243)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL WOUND CARE TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

JUN 0 5 201]

图1等加度的

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

Wo	ound Care Technologies, Inc.	
	(Name of Corporation)	
FI	2000003536	
	(Decument Number of Corporation (	if known)
De	laware	
<del></del>	(Incorporated Under Laws o	t)
This corpora appoints the time it w	ation is no longer transacting business or conducting af surrenders its authority to transact business or conduct a ation revokes the authority of its registered agent in late. Department of State as its agent for service of process was authorized to transact business or conduct affairs in	ffairs in Florida.  Florida to accept service on its behalf and s based on a cause of action arising during
The following	ng is a current mailing address for the corporation:	
One	e Banter Parkway	
·	(Mailing Address)	
Dec	erfield, IL 60015	
	(City/ State /Zip)	
(Signat receiv	tion agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a ver or other court appointed fiduciary and that fiduciary)  a Maloney  (Typed or printed name of person signing)  FILING FEE \$35	Assistant Secretary (Title of Issue signal)