

F12 000004398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

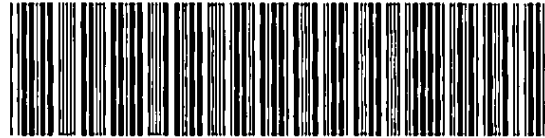
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 APR -9 AM 8:05

STATE OF MISSISSIPPI

WILKER

APR 12 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 749499 7656375

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten Signature]

ORDER DATE : April 8, 2021

ORDER TIME : 12:16 PM

ORDER NO. : 749499-010

CUSTOMER NO: 7656375

FOREIGN FILINGS

NAME: OBMEDICAL COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OBMedical Company

(Name of Corporation)

DOCUMENT NUMBER: F12000004398

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

Please return all correspondence concerning this matter to the following:

Inna I. Gomez

(Name of Person)

c/o Philips North America

(Firm/Company)

222 Jacobs Street

(Address)

Cambridge, MA 02141

(City/State and Zip code)

For further information concerning this matter, please call:

Inna Gomez

at (617) 245-5539

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

OBMedical Company

(Name of Corporation)

F12000004398

(Document Number of Corporation (if known))

Delaware 10/22/2021

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

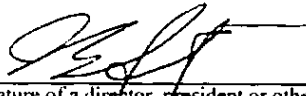
c/o Philips North America, 222 Jacobs Street

(Mailing Address)

Cambridge, MA 02141

(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)

4/8/21

(Date)

Joseph E. Innamorati

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35