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RELIABLE MEDICAL INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
suвлест: <u>Reliable Medical Inc. d</u>	oing business as Dynamic Medical Equipment Inc. (Name of Corporation)
DOCUMENT NUMBER: F150000016	365
The enclosed withdrawal application and f	ee are submitted for filing.
Please return all correspondence concerning matter to the following:	this .
Capitol Serv	vices - Corporate Filings Team
	(Name of Person)
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\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (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

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

Reliable Medical Inc. doing business as Dynamic Medical Equipment Inc. (Name of Corporation)
F1500001665 (Document Number of Corporation (if known)
New Jersey (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:
10 Campus Boulevard (Mailing Address)
Newtown Square, PA 19073 (City/ State /Zip) (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. 4/7/16 (Signature of a director president or other officer - if in the hands of a receiver or other count appointed fiduciary, by that fiduciary) (Date)
James T. Asali (Typed or printed name of person signing) Assistant Vice President (Title of person signing)

FILING FEE \$35