	L INDION HIGH COUR DONA HADAL LEVAL HOLD HADAL FOR THE BINNE BUILD FOR A
(Requestor's Name)	
(Address)	100288719
(Address)	1002007 13
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/05/1601007
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

		PICK UF	: 8/4	
		CERTIFIED COPY	/	
	X	РНОТОСОРУ		
		CUS		
	Ø	FILING	Withdrawal	
1.		MASTERS PHARM (CORPORATE NAME AND DOCUMENT	Withdrawal  1ACEUTICAL, INC. File First  #)	
2.		(CORPORATE NAME AND DOCUMENT	#)	
3.		(CORPORATE NAME AND DOCUMENT	#)	
4.		(CORPORATE NAME AND DOCUMENT	#)	
5.		(CORPORATE NAME AND DOCUMENT	#)	
6.		(CORPORATE NAME AND DOCUMENT	#)	
SPECIAL INSTRUCTIONS:				
		<u></u>		

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

(Name of Corporation)

MASTERS PHARMACEUTICAL, INC.

F15000002574	
(Document Number of Corporation (	if known)
Ohio	
(Incorporated Under Laws o	1)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
11930 Kemper Springs Drive	문제
(Mailing Address)	
Cincinnati, OH 45240	<b>1</b>
(City/ State /Zip)	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
The corporation agrees to notify the Department of State in the futu	re of any change in its mailing addressn
1 June	8-4.16
(Signature of a director, president or other officer - if in the hands of a receiver or other countempointed fidiciary, by that fiduciary)	(Date)
Kevin Moore	CFO
(Typed or printed name of person signing)	(Title of person vigning)

**FILING FEE S35**