

File 000000588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

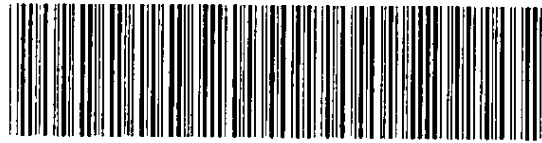
Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

J. HORNE  
MAY - 1 2023

Office Use Only



200407519822

2023 APR 28 AM 5:00  
SECRETARY OF  
TALLAHASSEE

FILED

2023 APR 28 AM 11:22  
OFFICE  
TALLAHASSEE

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 708823 7868112

AUTHORIZATION : 

COST LIMIT : \$ 434.75

-----  
ORDER DATE : April 28, 2023

ORDER TIME : 9:51 AM

ORDER NO. : 708823-005

CUSTOMER NO: 7868112  
-----

FOREIGN FILINGS

NAME: MANHATTAN VISION MEDICINE,  
P.C. CORP

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MANHATTAN VISION MEDICINE, P.C. CORP

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

**DOCUMENT NUMBER:** F16000000588

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

Please return all correspondence concerning this matter to the following:

Meghan Davis

\_\_\_\_\_  
(Name of Person)

Perkins Coie LLP

\_\_\_\_\_  
(Firm/Company)

41 Madison Avenue

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

New York, NY 10010

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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  
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**

MANHATTAN VISION MEDICINE, P.C. CORP

(Name of Corporation)

F16000000588

(Document Number of Corporation (if known))

New York, authorized in Florida on 02/08/2016

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

2023 APR 28 AM 11:11  
SECRETARY OF  
TALLAHASSEE

FILED

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:

228 PARK AVE S #20627

(Mailing Address)

NEW YORK, NY, UNITED STATES, 10003

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 27, 2023

(Date)

Saya Nagori, MD

(Typed or printed name of person signing)

Sole Shareholder and Sole Director

(Title of person signing)