

F1900000000298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

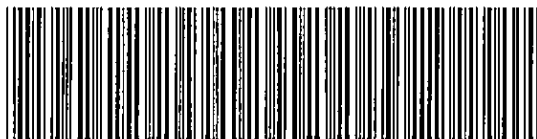
(Business Entity Name)

(Document Number)

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20 JAN -2 AM 9:50

SECRETARY OF STATE  
FALL MASSACHUSETTS



JAN 17 2001  
T SCHULZ

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

\*\*\*\*FILE JAN 2\*\*\*\*

ACCOUNT NO. : I20000000195

REFERENCE : 108839 7656375

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 19, 2019

ORDER TIME : 8:03 PM

ORDER NO. : 108839-010

CUSTOMER NO: 7656375

FOREIGN FILINGS

NAME: MRI DEVICES CORPORATION

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: Kadesha Roberson - EXT#

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MRI Devices Corporation

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

**DOCUMENT NUMBER:** F19000000298

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

Please return all correspondence concerning this  
matter to the following:

Robert Branch

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

CSC

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

84 State Street

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

Boston, MA 02110

\_\_\_\_\_  
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) 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**

MRI Devices Corporation

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

F19000000298

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(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:

c/o PNA Legal Department, 3000 Minuteman Road

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

Andover, MA 01810

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

**FILED**  
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STATE DEPT OF STATE  
MAIL ADDRESS FLORIDA  
80

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

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

12/16/2019

\_\_\_\_\_  
(Date)

Joseph E. Innamorati

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**