F20000003411/

	(Requestor's Name)			
	(Address)			
	(Áddress)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
	limits			
Office Use Only				



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SI :11... 1 SI 100 HIGH

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20	0 C	0.0	000	001	. 95
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REFERENCE: 593578 7953861

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 13, 2024

ORDER TIME : 10:36 AM

ORDER NO. : 593578-365

CUSTOMER NO: 7953861

FOREIGN FILINGS

NAME: MODERNIZING MEDICINE PODIATRY

SYSTEMS, INC.

XX	CORPORAT		
	LIMITED	PARTNERSH:	ΙP
	LIMITED	LIABILITY	COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIF	IED C	OPY	
XX	PLAIN	STAME	ED C	OPY
	CERTIF	ICATE	OF	STATUS

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER:

COVER LETTER

	ndment Section Sion of Corporations	
SUBJECT:	Modernizing Medicine Podiatry Sys	stems, Inc.
Sobale 1.		(Name of Corporation)
DOCUMEN	T NUMBER: F20000003441	
The enclosed	l withdrawal application and	fee are submitted for filing.
Please return	all correspondence concerning	g this matter to the following:
		(Name of Person)
		(Firm/Company)
		(Address)
	((City/State and Zip code)
For further in	nformation concerning this mat	tter, please call:
Patrick Horan		at (880.2998
	(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a	a check for the amount:	
□ \$35 Filing	g Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Amer Divis P.O.	ng Address: ndment Section sion of Corporations Box 6327 hassee, 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

Modernizing Medicine Podiatry Systems, Inc.

(Name of Corporat	tion)
F20000003441	
(Document Number of Corpora	ation (if known)
Delaware - 08/06/2020	
(Incorporated Under Laws of and date authorized to tr	ransact business/conduct its affairs)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or concentrations.	•
This corporation revokes the authority of its registered agen appoints the Department of State as its agent for service of pro	
time it was authorized to transact business or conduct affairs in	n Florida.
The following is a current mailing address for the corporation:	n Florida.
4850 T-Rex Ave., Suite 200	~ · ·
(Mailing Address	s) :
Boca Raton, FL 33431	6
(City/ State /Zip	
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
Patrick Horan	10/09/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Patrick Horan	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35