

F940000002059

(Requestor's Name)

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(City/State/Zip/Phone #)

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*withdrawal*

01/05/09--01060--016 \*\*35.00

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2009 JAN 29 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*1/30/09*

*\*00789, 04077, 00707, 00672*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** F94000002059

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN-LUC MICHEL  
(Name of Contact Person)

EASTERN MEDICAL SYSTEMS, INC  
(Firm/Company)

13104 SW 25 PLACE  
(Address)

DAVIE FL 33325  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEAN-LUC MICHEL at (305) 772 2707  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2009

Jean-Luc Michel  
Eastern Medical Systems, Inc.  
13104 SW 25 Place  
Davie, FL 33325

SUBJECT: EASTERN MEDICAL SYSTEMS, INC.  
Ref. Number: F94000002059

We have received your document for EASTERN MEDICAL SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 709A00001154

RECEIVED  
2009 JAN 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EASTERN MEDICAL Systems, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** F 94 00000 2059

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

Please return all correspondence concerning this  
matter to the following:

JEAN-LUC MICHEL  
(Name of Person)

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

13104 SW 25 PLACE  
(Address)

DAVIE FL 33325  
(City/State and Zip code)

For further information concerning this matter, please call:

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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

EASTERN MEDICAL SYSTEMS, Inc  
(Name of Corporation)

F94000002059  
(Document Number of Corporation (if known))

DELAWARE  
(Incorporated Under Laws of)

FILED  
2009 JAN 29 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

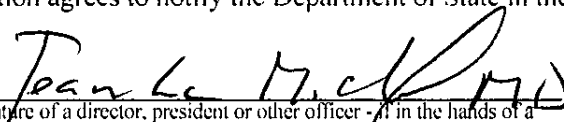
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

13104 SW 25 PLACE  
(Mailing Address)

DAVIE, FL 33325  
(City/ State /Zip)

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

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

1/26/09  
(Date)

JEAN-LUC MICHEL  
(Typed or printed name of person signing)

MEDICAL DIRECTOR  
(Title of person signing)

FILING FEE \$35