

# Florida Department of State

Division of Corporations Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000215576 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number

: {850}205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

# DISSOLUTION OR WITHDRAWAL

### HEALTHCARE DATA EXCHANGE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

828227615

8/28/2007 99:01 1002/82/80

T.Reberts AUG 28 2007

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

Healthcare Data Exchange Corporation	TA'S	0	
(Name of Corporation)	CRETAR'	7 AUG 28	FILED
(Document Number of Corporation (if known)  Delaware	OF STA	PH 2: 4	ED
(Incorporated Under Laws of)	A A		
This corporation is no longer transacting business or conducting affairs within the State of F. 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 appoints the Department of State as its agent for service of process based on a cause of action time it was authorized to transact business or conduct affairs in Florida.  The following is a current mailing address for the corporation:  c/o Siemens Medical Solutions USA, Inc., 51 Valley Stream Parkway  (Mailing Address)	on its b	ehalf	and.
Malvern, PA 19355			
(City/ State /Zip)		•	
The corporation agrees to notify the Department of State in the future of any change in its mail  (Signature of a diffector, president or other officer- If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ing add 27	ress.	<b></b>
Bonnie Shuman  (Typed or printed name of person signing)  (Title of person signing)	nlug)		•

FILING FEE \$35

FL031 - WOROT C T Sympa Chiles