

# F95000001999

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healthcare Automation, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** F95000001999

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

Please return all correspondence concerning this matter to the following:

Nancy Garcia

(Name of Person)

Healthcare Automation, Inc.

(Firm/Company)

2121 Precinct Line Road

(Address)

Hurst, TX 76054

(City/State and Zip code)

For further information concerning this matter, please call:

Nancy Garcia

(Name of Person)

at ( 817 ) 428-3893

(Area Code & Daytime Telephone Number)

100008129651--8

-10/01/02--01044--015

\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED  
02 OCT -1 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

*W. H. Davis*  
*T. Lewis* 10/1/02

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

Healthcare Automatin, Inc.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

FILED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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:

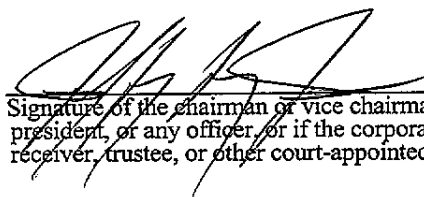
2374 Post Road

(Mailing Address)

Warwick, RI 02886

(City/ State /Zip)

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



Vice President

Title

Signature of the chairman or vice chairman of the board,  
president, or any officer, or if the corporation is in the hands of a  
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Jeffrey J. Jensen

Typed or printed name

9/16/2002

Date