

February 2, 2000

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Legal Department 10810 W. Collins Ave. Lakewood, Colorado 80215-4439 USA

charles.cobb@gambrobct.com

Tel:\_(303)205-2594

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\*\*\*\*35.00<u>\*</u>\*\*\*\*35.00

Re: Gambro Healthcare, Inc. - Withdrawal

Dear Sir or Madame:

Enclosed for filing on behalf of the above-referenced corporation is an original and one copy of Application By Foreign Corporation For Withdrawal Of Authority To Transact Business Or Conduct Affairs In Florida. A check in the amount of \$35.00 for payment of the applicable filing fee is also enclosed.

Upon completion of this filing, please date stamp the enclosed copy and return it in the enclosed self-addressed postage-paid envelope.

Thank you for your assistance. Should you have any questions or comments, please contact the undersigned.

Sincerely,

Charles A. Cobb,

Paralegal

/cac

Enclosures

100003123801--0 -02/09/00--01879--003 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

> Delivery Address 1209 Quail Street Lakewood, CO 80215

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

Gambro Healthcare, Inc.	
(Name of Corporation)	
Colorado	
(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.	
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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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.	
c/o Gambro, Inc., Legal Department	
(Mailing Address)	
10810 W. Collins Avenue, Lakewood, CO 80215 (City/ State /Zip)	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.  Assistant Secretary  Signature of the chairman or vice chairman of the board, president, or any officer.  Lynn N. Meyer  Typed or printed name  Date	<b>-</b>
Typed or printed name Date	.=.