## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878~5368

DISSOLUTION OR WITHDRAWAL COMPUTERIZED MEDICAL SYSTEMS, INC.

Certificate of Status	0
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APR 7 2014

EXAMINER

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

4/4/2014

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
subj	JECT: Computerized Medical Systems, Inc.		
	(Na	me of Corporation)	
DOC	CUMENT NUMBER: F97000001355		·
The e	enclosed withdrawal application and fee a	re submitted for fili	ng.
	se return all correspondence concerning this er to the following:		
	Maria LaBarbera		
	(Na	ame of Person)	
	IMPAC Medical Systems, Inc.		
	(F	irm/Company)	
	100 Mathilda Place, 5th Floor		
		(Address)	
	Sunnyvale, CA 94086		
		State and Zip code)	
For fi	further information concerning this matter, p	olease call:	
Maria	ia LaBarbera	at ( 408 ) 83	0-8154
Enclo	(Name of Person) losed is a check for the amount:	(Area Code	& Daytime Telephone Number)
⊠ \$3	(.	43.75 Filing Fee & criffied 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 Tallabassee, FL 32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tailahassee, FL, 32301

(3/3)

14 APR -4 AM 10: 45

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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

	1 Systems, Inc. (Name of Corporation)	
F97000001355		
	(Document Number of Corporation (	(if known)
Delaware		
	(Incorporated Under Laws o	0)
	er transacting business or conducting a thority to transact business or conduct	ffairs within the State of Florida and hereby affairs in Florida.
appoints the Department of		Florida to accept service on its behalf and ss based on a cause of action arising during Florida.
The following is a current m	nailing address for the corporation:	
The following is a current m  100 Mathida Place, 5		
-		
-	ith Floor (Mailing Address)	
100 Mathilda Piace, 5	ith Ploor (Mailing Address)	
100 Mathiida Place, 5 Sunnyvale, CA 9408	(Mailing Address)  (City/ State /Zip)	ure of any change in its mailing address.
Sunnyvale, CA 9408.  The corporation agrees to re	(Mailing Address)  6  (City/ State /Zip)  Otify the Department of State in the fut	ure of any change in its mailing address.
Sunnyvale, CA 9408.  The corporation agrees to re	(Mailing Address)  (City/ State /Zip)	ure of any change in its mailing address.  4/4/14 (Date)
Sunnyvale, CA 9408.  The corporation agrees to no (Signature of a director, per receiver or other court ep	(Mailing Address)  6  (City/ State /Zip)  Otify the Department of State in the fut	ure of any change in its mailing address.  44/14 (Date)  President & CEO (Title of person signing)

LITTIAC LEE 22