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WITHDRAWAL OF FOREIGN CORPORATION

FRESENIUS MEDICAL CARE LATIN AMERICA, INC.

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Fresenius Medical Care Latin America, Inc.

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

	(Name of Corporation)	
	F98 - 4274	2
	(Document Number of Corporation (if Known)	
		- r
	Delaware	
	(Incorporated Under Laws of)	BO. OBS
		70
nie co	reporation is no longer transacting business or conducting affairs within the State of Florida ar	of Sere
olunta	arily surrendors its authority to transact business or conduct affairs in Florida.	
mioqe	orporation revokes the authority of its registered agent in Florida to accept service on its be ts the Department of State as its agent for service of process based on a cause of action arising d was authorized to transact business or conduct affairs in Florida.	chalf a luring
ne fol	llowing is a current mailing address for the corporation:	
he fol	•	
he fol	llowing is a current mailing address for the corporation: 95 Hayden Avenue (Mailing Address)	-
e fol	95 Hayden Avenue (Mailing Address)	-
he fol	95 Hayden Avenue (Mailing Address) Lexington, MA 02420	-
he fol	95 Hayden Avenue (Mailing Address)	-
	95 Hayden Avenue (Mailing Address) Lexington, MA 02420 (City/ State /Zip)	a re
	95 Hayden Avenue (Mailing Address) Lexington, MA 02420	- ************************************
ne cor	95 Hayden Avenue (Mailing Address) Lexington, MA 02420 (City/ State /Zip) reporation agrees to notify the Department of State in the future of any change in its mailing address.	· · · · · · · · · · · · · · · · · · ·
ne cor	95 Hayden Avenue (Mailing Address) Lexington, MA 02420 (City/ State /Zip)	ess.
ne cor	(Mailing Address) Lexington, MA 02420 (City/ State /Zip) The poration agrees to notify the Department of State in the future of any change in its mailing address (Signature of a director, president or other olliver - if in the hands of a control appointed fiduciary, by that fiduciary)	ess.
he cor	(Mailing Address) Lexington, MA 02420 (City/ State /Zip) The poration agrees to notify the Department of State in the future of any change in its mailing address (Signature of a director, president or other ollioer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Paimann President	ess.
the cor	(Mailing Address) Lexington, MA 02420 (City/ State /Zip) The poration agrees to notify the Department of State in the future of any change in its mailing address (Signature of a director, president or other olliver - if in the hands of a control appointed fiduciary, by that fiduciary)	ess.

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