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Withdr.

## TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: RY TELETICOLOME S (Name of con	poration)
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
ROBERT CARSON  (Name of Person)	
RY TELEMEDICINE SYSTEMS INC	
(Firm/Company)	
<u>G.O.B. 745</u> (Address)	
(Address)	
ANDOUSE MA 01810	
(City/State and Zip code)	
For further information concerning this matter, ple	ase call:
STACK FULTZ a	t (978) 975-0608 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314

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

$Q_{i,j}$
RY TELEMEDICINE SUSTEMS, INC. By
(Name of Corporation)
(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.
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:
P.O. Box 745 (Mailing Address)
ANDOVER 17A 01843 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
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.
ROBERT CORSON 5/28/03 Typed or printed name Date