

F99000001376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

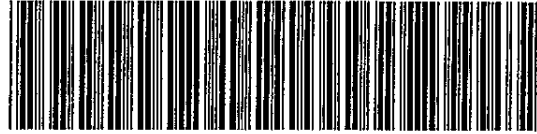
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 DEC 27 PM 3:59
TALLAHASSEE, FLORIDA

Ps 1/4/05
withdrawn

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VECTOR MEDICAL, INC.

335 Lowell Avenue
Palo Alto, CA 94301
Tel: (650) 625-8910
Fax: (650) 625-8915

December 10, 2004

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

SUBJECT: Vector Medical, Inc.

The enclosed **withdrawal application** and fee are submitted for filing. Also enclosed is \$8.75 for a Certified Copy as instructed.

Please return all correspondence concerning this matter to the following:

Ronald Dieck
Magic Venture Capital
335 Lowell Avenue
Palo Alto, CA 94301

For further information concerning this matter, please call:
Darrell W. Baggs at (650) 625-8910 x106

Regards,

Darrell W. Baggs

Darrell W. Baggs

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

VECTOR MEDICAL, INC.
(Name of Corporation)

(Document Number of Corporation (if known))

DELAWARE
(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.

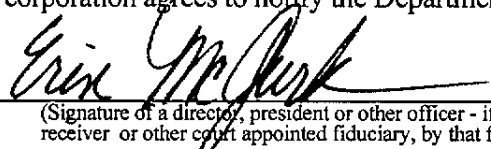
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

335 LOWELL AVENUE,
(Mailing Address)

PALO ALTO, CA 94301
(City/ State /Zip)

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


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

December 10, 2004
(Date)

Erin McGurk
(Typed or printed name of person signing)

Chairman
(Title of person signing)

FILING FEE \$35

FILED
04 DEC 27 PM 3:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA