

MOI 000002387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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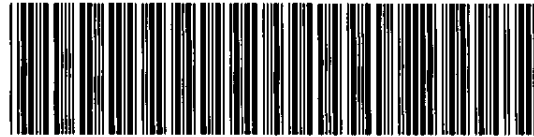
(Business Entity Name)

(Document Number)

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 4 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -4 AM 11:35



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 529498 4319460

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -4 AM 11:35

ORDER DATE : October 1, 2010

ORDER TIME : 5:09 PM

ORDER NO. : 529498-005

CUSTOMER NO: 4319460

FOREIGN FILINGS

NAME: PHYSICIAN DIAGNOSTIC SERVICES,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -4 AM 11:35

PHYSICIAN DIAGNOSTIC SERVICES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

c/o CardioNet, Inc., 227 Washington Street, Suite 300

(Mailing address)

Conshohocken, PA 19428

(City/State/Zip)

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

X Joseph H. Capper

(Signature of member or authorized representative of a member)

PDSHeart, Inc., Sole Member, By: Joseph H. Capper, President

(Typed or printed name of signee)

Filing Fee: \$25.00

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