

MD8 0000053 23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

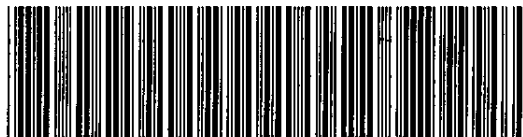
Special Instructions to Filing Officer:

A. LUNT

NOV - 3 2009

EXAMINER

Office Use Only



300162126203

11/02/09--01006--005 **25.00

Business Entity Name

Business Entity Number

FILED

2009 NOV -2 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRAD MILLER, P.C.
70 West Cushing Street
Tucson, Arizona 85701
(520) 547-2447 Phone
(520) 882-2640 Fax

October 28, 2009

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Advanced Medical Technologies I, LLC

Ladies and Gentlemen:

Enclosed for filing are the following:

1. Original and one copy of the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida.
2. Check in the amount of \$25.00 for the filing fee.

Please send me a file-stamped copy in the enclosed self-addressed envelope.
Please call me if you have any questions.

Sincerely,

Julie Baldwin

Julie Baldwin
Legal Assistant

/jb
Enclosure

2009 NOV -2 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Medical Technologies I, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Baldwin
(Name of Person)

Brad Miller, P.C.
(Firm/Company)

70 West Cushing Street
(Address)

Tucson, AZ 85701
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Ramer at (520) 547-4119
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2009 NOV -2 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Advanced Medical Technologies I, LLC

(Name of limited liability company)

Nevada

(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.

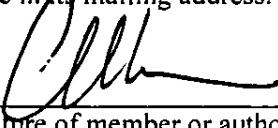
6339 East Speedway, Suite 201

(Mailing address)

Tucson, AZ 85710

(City/State/Zip)

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


(Signature of member or authorized representative of a member)

(Typed or printed name of signee)

Christopher Gleason, the President
of Cristobal Enterprises, Inc., the Manager of
NextMed Holdings, LLC, the Manager
of NextMed Management Services, LLC,
the Manager of Advanced Medical
Technologies I, LLC

2009 NOV -2 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00