MIIOO

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	ertified Copies Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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9-15-2015 CLEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2015

SCOTT S. SIEMERS / CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117 US

SUBJECT: CERNER CORPORATION

Ref. Number: F94000000807

We have received your document for CERNER CORPORATION and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not merge two foreign companies. You need to withdraw the limited liability company. You already filed the merger in Delaware. We are enclosing the proper forms to withdraw the LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

1 2 4 5

Letter Number: 115A00015438

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Inter Med	Hx, LLC	
	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corn	respondence concerning this	matter to the following:	
Scot	S. Semers (Name of Person)		
Cox	Nex Corporat (Firm/Company)	ION	
2800 Ro	CKCYCLK Parkh	vof	
Kansas 1	Aty . Mo Will City/State and Zip Cod	. 7	
For further informati	on concerning this matter, p	lease call:	
Karolina	Fannin	at (816	221-1024
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

FILEL SEGRETARY OF SIGN MONTHS OF CORPORATIONAL

15 SEP -9 PM 1:00

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Name of limited liability company)
(Name of limited liability company)
Delaware (Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M11000004383
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Scott Siem
(Signature of authorized representative)
Scott S. Siemers
(Typed or printed name of signee)

Filing Fee: \$25.00