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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SURI	ECT: GAMBRO SYSTEMS, IN	NC.
ЗОВЗ		Name of Corporation)
DOC	UMENT NUMBER:	
The en	nclosed withdrawal application and fee	e are submitted for filing.
	e return all correspondence concerning the rot the following:	าร่ง
	Anna Norcia	
	(	(Name of Person)
	Gambro Renal Products, In	ıc
		(Firm/Company)
	14143 Denver West Parkwa	ay, Ste. 400
		(Address)
	Lwkewood, CO 80401	
	(City	y/State and Zip code)
For fu	urther information concerning this matter	r, please call:
Ann	a Norcia	_at ( 303) 222-6636
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

GAMBRO SYSTEMS, INC.	
(Name of Corporation)	
(Document Number of Corporation (if known)	
VIRGINIA	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her coluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf ppoints the Department of State as its agent for service of process based on a cause of action attsing during time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	10 (1) ====================================
14143 Denver West Parkway, Ste. 400	ញ់ ១ .
(Mailing Address)	
Lakewood, CO 80401	" ""
(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 approinted fiduciary, by that fiduciary)  (Date)	-
Jeremiah J. McIntyre  (Typed or printed name of person signing)  (Title of person signing)	<del>_</del>
(13 per or printed name or person signing) (True or person signing)	

FILING FEE \$35