F07000004901

(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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10 JUL 19 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLIETTE

JUL 20 2010

EXAMINER

July 12, 2010

RE: ABSOLUTE MEDICAL USA, INC. (AR. DOM.)
ATLAS METAL FABRICATORS, INC. (FL. DOM.)
INTELLIGENT DECISIONS, INC. (VA. DOM.)
MIAMI INTERNATIONAL HOLDINGS, INC. (DE. DOM.)
OFFICE SOURCE , INC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 437. 50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of Registered Agent)

hereby resigns as Registered Agent for ABSOLUTE MEDICAL USA, INC. (AR. DOM.) (Name of Corporation),

F07000004901 (Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

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10 JUL 19 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:
$87.50 - Active corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314