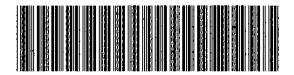
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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regrest withdrawal + Certified Copy COVER LETTER 35 02
COVER LETTER 35.00
TO: Amendment Section Division of Corporations + 8.75 + 43.75
SUBJECT: ABC Family Care Clinic (Name of Corporation)
DOCUMENT NUMBER: + 45-00-06529
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. David d'Albany, CEO (Name of Person)
ABC Family Care Clinic (Firm/Company)
6015 Flora Terrace (Address)
Apollo Beach, FL. 33572-2603 (City/State and Zip code)
For further information concerning this matter, please call:
Name of Person) at (813) 645-1111 (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

ABC Family Care Clini (Name of Corporation)	ic Inc.
(Name of Corporation)	08 J
T 45 + + + + + 6529 (Document Number of Corporation (if known)	ARE TO P
(Document Number of Corporation (if known)	SEE OF THE
The State of California (Incorporated Unger Laws of)	FLORD T. 5
(Incorporated Under Laws of)	OP B

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Apollo Beach FL. 33572-2603

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 appointed fiduciary by that fiduciary)

-

3/2008

(Typed or printed name of person signing)

CEO of Family Care Clinico
(Title of person signing)

FILING FEE \$35