

FO 800000 5259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

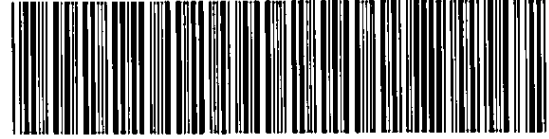
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400363160464

21 APR - 1 PM 14

PAID
100000

CT CORP

**3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724**

Date: 04/01/2021

Acc#I20160000072

en: c DW

Name:	HealthEx Corp.
Document #:	
Order #:	13593316

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 filing. Withdrawal first.	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	Keep together please.	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHIEX CORP.
(Name of Corporation)

DOCUMENT NUMBER: F08000005259

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caryn Schmidt, Senior Paralegal
(Name of Person)

McGuireWoods LLP
(Firm/Company)

77 West Wacker Drive, Suite 4100
(Address)

Chicago, IL 60601
(City/State and Zip code)

For further information concerning this matter, please call:

Felix Saratovsky at (312) 750-3610
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HEALTHEX CORP.

(Name of Corporation)

F08000005259

(Document Number of Corporation (if known))

Incorporated Under Laws of New York; Date authorized to transact business in Florida: 12/11/2008

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

35 Powerhouse Road

(Mailing Address)

Roslyn Heights, NY 11577

(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 appointed fiduciary, by that fiduciary)

3/30/21

(Date)

Keith Kearney

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35