

# FO9000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

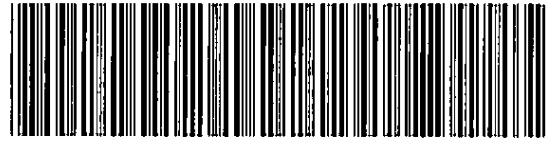
(Document Number)

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FILED  
2024 FEB 23 AM 11:55  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

RECEIVED  
2024 FEB 23 PM 4:04  
TALLAHASSEE, FLORIDA  
PROPERTY SERVICES



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/23/2024

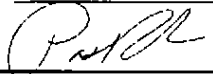
Name: Patrice Rush

Reference #: 2273678

Entity Name: ASSISTRX, INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AssistRx, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F09000004560  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Graeme Phillipson  
\_\_\_\_\_  
(Name of Person)

AssistRx Holdings, Inc.  
\_\_\_\_\_  
(Firm/Company)

2001 Summit Park Drive, Suite 700  
\_\_\_\_\_  
(Address)

Orlando, FL 32810  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Graeme Phillipson at ( 855 ) 421-4607  
\_\_\_\_\_  
(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**

AssistRx, Inc.

\_\_\_\_\_  
(Name of Corporation)

F09000004560

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware - 11/19/2009

\_\_\_\_\_  
(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:

2001 Summit Park Drive, Suite 700

\_\_\_\_\_  
(Mailing Address)

Orlando, FL 32810

\_\_\_\_\_  
(City/ State /Zip)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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)

2/22/2024

\_\_\_\_\_  
(Date)

John E. Murray

\_\_\_\_\_  
(Typed or printed name of person signing)

Authorized Person

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**