

NOV 21 2007 1:26PM C S C NO. 476 P. 1  
**F92000000192**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000284378 3)))



H070002843783ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 20 AM 8:13

RECEIVED  
2007 NOV 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL**

**GROUP PLAN CLINIC, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu Help

Withdrawal / CUS 11/21/07

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
ORNO 20 AM 8:13

Group Plan Clinic, Inc.

(Name of Corporation)

F92000000792

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of)

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:


6950 Columbia Gateway Drive

(Mailing Address)

Columbia MD 21046

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

November 1, 2007

(Date)

Michael P. McQuillen

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**FILING FEE \$35**