CORPORATE POL	20000172	
ACCESS, 1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303		
INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
	WALK IN (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
CERTIFIED COPY	Cus	
1.) CORPORATE NAME & DOCUMENT #)	Pharmary Services, Land	
2.)(CORPORATE NAME & DOCUMENT #)		
3.)(CORPORATE NAME & DOCUMENT #)		
4)	70002731637—4 -01/06/9901026026 *****52.50 ******52.50	
(CORPORATE NAME & DOCUMENT #)		
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7.)(CORPORATE NAME & DOCUMENT #)	Name Availability Document Examilier	
8.) (CORPORATE NAME & DOCUMENT #)	L'odafer	
9.) (CORPORATE NAME & DOCUMENT #)	Acknowled Ament	
(CORPORATE NAME & DOCUMENT #)	W. P. Very yar	
SPECIAL INSTRUCTIONS		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 6, 1999

CORPORATE ACCESS

SUBJECT: CENTRAL SOURCE PHARMACY SERVICES, LLC

Ref. Number: M9600000172

SECRETARY OF STATE DIVISION OF CORPORATIONS

We have received your document for CENTRAL SOURCE PHARMACY SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The withdrawal application must be signed by all members.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 699A0000538

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability	acy Services, LLC company)
Georgia	
(Jurisdiction of its organ	ization)
This limited liability company is no longer transacting busi transact business in this state.	ness in Florida and surrenders its authority to
This limited liability company revokes the authority of its and appoints the Department of State as its agent for service during the time it was authorized to transact business in Florence and the state of the sta	registered agent to accept service on its behalf e of process based on a cause of action arising ida.
1819 Peachtree Road, N.E.,	Suite 609
(Mailing address	
_ Atlanta, Georgia 30309	
(City/State/Zip)	
The limited liability company agrees to notify the Departmentaling address.	ent of State in the future of any change in its
Dated_ January 1, 1999	
Signatures of all members	Typed or printed name
Central Pharmacy Services, Inc.	Central Pharmacy Seggices, Inc
(SOLE MEMBER)	C 65
By: 1/1/1/10/	
David K. Morris	N OF THE COURT
	NOF CORPORA
David K. Morris	OR OR
David K. Morris	FILED STATE NOF CORPORATION NO GRAP OF STATE NO GRAP OF S
David K. Morris	OR OR