

P40649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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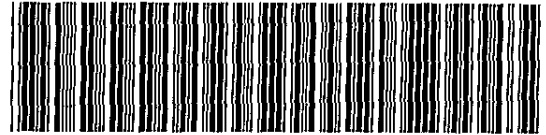
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAG Mutual Healthcare Consultants, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P40649

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

Please return all correspondence concerning this  
matter to the following:

Sherry Johnson

(Name of Person)

MAG Mutual Healthcare Solutions, Inc.

(Firm/Company)

3025 Breckinridge Blvd., Suite 120

(Address)

Duluth, GA 30096

(City/State and Zip code)

For further information concerning this matter, please call:

Sherry Johnson

(Name of Person)

at 770 931-7700

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

MAG Mutual Healthcare Consultants, Inc.

(Name of Corporation)

State of Georgia

(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:

3025 Breckinridge Blvd., NE Suite 120

(Mailing Address)

Duluth, GA 30096

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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

Signature of the chairman or vice chairman of the board,  
president, or any officer, or if the corporation is in the hands of a  
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

James Lyle

9/10/03

Typed or printed name

Date

President - Consulting & Publications