

F000000006998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

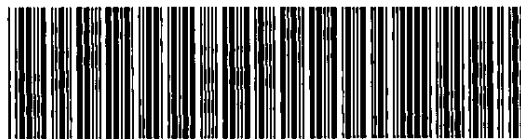
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FLORIDA

10 JUL 15 PM 4:14

FILED

Roberts JUL 15 2010



Insurance Solutions for Healthcare Providers

Robert L. Wortelboer, Esquire  
General Counsel & Vice President

July 9, 2010

**Via Regular U.S. Mail**

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Withdrawal of Foreign Corporation  
Interlex Insurance Company**

Dear Florida Department of State:

On behalf of Interlex Insurance Company please find enclosed the following documents for the purposes of withdrawing as a foreign corporation from Florida:

1. Completed Form Cover Letter;
2. Completed Form Application by Foreign Corporation For Withdrawal of Authority to Transact Business or Conduct Affairs in Florida; and
3. Check made payable to "Florida Department of State" in the amount of \$35.00.

Please send us your letter of acknowledgement and certificate of status/withdrawal. If you have any questions please feel free to call me at (904) 360-3281 or you can E-mail me at [wortelboer@fpic.com](mailto:wortelboer@fpic.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Wortelboer", is written over a horizontal line.

Robert L. Wortelboer, Esq.  
Secretary  
Interlex Insurance Company

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Interlex Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** F00000006998

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

Please return all correspondence concerning this matter to the following:

Peggy A. Parks  
(Name of Person)

FPIC Insurance Group, Inc.  
(Firm/Company)

1000 Riverside Avenue, Suite 800  
(Address)

Jacksonville, Florida 32204  
(City/State and Zip code)

For further information concerning this matter, please call:

Peggy A. Parks at ( 904 ) 360-3605  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Interlex Insurance Company

(Name of Corporation)

F00000006998

(Document Number of Corporation (if known))

Missouri

(Incorporated Under Laws of)

FILED  
10 JUL 15 PM 4:14  
TALLAHASSEE, FLORIDA

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:

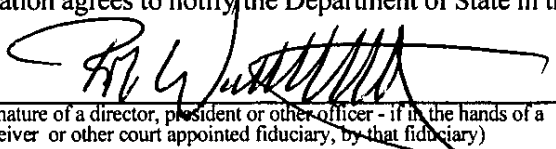
1000 Riverside Avenue, Suite 800

(Mailing Address)

Jacksonville, Florida 32204

(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)

7/9/10  
(Date)

Robert L. Wortelboer, Jr.

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**

CHECK NO.	0000047674
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VCH NO	INV NO	INV DT	INV AMOUNT	AMOUNT PAID	DISC TAKEN	NET AMOUNT
000004222	WITHDRAWAL OF AUTHORITY	06/17/2010	35.00	35.00	0.00	35.00