

F16000002600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

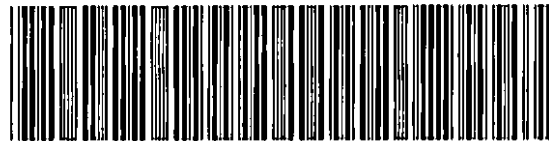
(Business Entity Name)

(Document Number)

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S. YOUNG

file first

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 076042 5166594

AUTHORIZATION :

COST LIMIT : \$ 43.75

ORDER DATE : February 19, 2018

ORDER TIME : 10:37 AM

ORDER NO. : 076042-005

CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: MOBILE MEDICAL EXAMINATION
SERVICES, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mobile Medical Examination Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F16000002600

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

Please return all correspondence concerning this matter to the following:

Gary Sherman

(Name of Person)

c/o Corporation Service Company

(Firm/Company)

1180 Avenue of the Americas, Suite 201

(Address)

New York, NY 10036

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gary Sherman

800

927-9801 ext. 62049

at (

(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
2661 Executive Center Circle
Tallahassee, FL 32301

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

Mobile Medical Examination Services, Inc.

(Name of Corporation)

F16000002600

(Document Number of Corporation (if known))

California

(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:

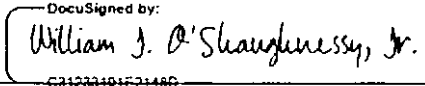
1241 EAST DYER ROAD, SUITE 145

(Mailing Address)

Santa Ana, CA 92705

(City/ State /Zip)

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

DocuSigned by:


671233191521486
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

February 16, 2018

(Date)

William J. O'Shaughnessy, Jr.

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35