835606

TRANSMITTAL LETTER

SUBJECT: American Benefit Plan Ad	iministrators. Inc.
(Name of c	
DOCUMENT NUMBER: 835606	
The enclosed withdrawal application and fee ar	re submitted for filing.
Please return all correspondence concerning this matter to the following:	6 PA
Jeff Bell	PH IZ: 58
(Name of Person)	DA DA
HealthPlan Services, Inc.	
(Firm/Company)	·
3501 Frontage Rd	600004739336—2 -12/26/0101081003
(Address)	*****35.00 ******35.00
Tampa, FL 33607	
(City/State and Zip code)	
For further information concerning this matter, pl	lease call:
	at (800) 237-7767 ext. 3101
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Amendment Section
Division of Corporations

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

2

withdrawal

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

	GN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANS	SACT BUSINESS OR CONDUCT AFFAIRS
	IN FLORIDA
American Benefit Plan Admi	inistrators, Inc.
	Name of Corporation)
California	
(Inc	SACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA Inistrators, Inc. Name of Corporation Corporated Under Laws Of)
	ig business or conducting affairs within the State of Florida thority to transact business or conduct affairs in Florida.
behalf and appoints the Department of	of its registered agent in Florida to accept service on its State as its agent for service of process based on a cause of thorized to transact business or conduct affairs in Florida.
The following is a current mailing addr	ess for the corporation:
P.O. Box 30098	
	(Mailing Address)
Tampa, FL 33630-3098	
	(City/ State /Zip)
	epartment of State in the future of any change in its mailing
address.	
\smile $ $ $ $ $ $ $ $	President
Signature of the chairman or vice chairman president, or any officer, or if the corporat receiver, trustee, or other court-appointed	n of the board, Title tion is in the hands of a fiduciary, by that fiduciary.
Jeffery W. Bak	12/11/01
Typed or printed name	Date