

839906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 DEC -8 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/9/2022

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

35

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 12/8

**CERTIFIED COPY**

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**WITHDRAWAL**

**MAGELLAN MEDICAID ADMINISTRATION, INC.**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

*File First*

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

Magellan Medicaid Administration, Inc.

(Name of Corporation)

839906

(Document Number of Corporation (if known))

Virginia 01/26/1978

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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2022 DEC -8 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

2900 Ames Crossing Road

(Mailing Address)

Eagan, MN 55121

(City/ State /Zip)

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

DocuSigned by  
Mike Kolar

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

12/02/22

(Date)

Mike Kolar

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**