

258409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

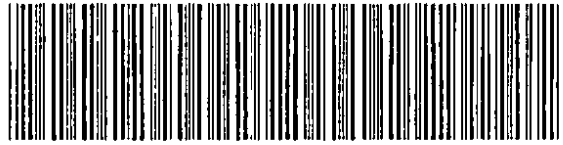
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

2020 SEP 14 PM 2:12

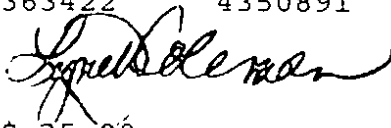
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 SEP 14 PM 11:57

C. GOLDEN

SEP 15 2020

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

ACCOUNT NO. : I20000000195
REFERENCE : 363422 4350891
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : July 22, 2020
ORDER TIME : 1:10 PM
ORDER NO. : 363422-080
CUSTOMER NO: 4350891

FOREIGN FILINGS

NAME: VANTAGE HEALTHCARE CORPORATION

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 02968

EXAMINER: _____

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

Vantage Healthcare Corporation

(Name of Corporation)

858409

(Document Number of Corporation (if known))

Delaware

11/10/1983

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

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:

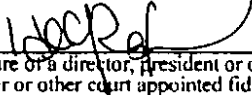
1000 Fianna Way, Mail Drop 4840

(Mailing Address)

Fort Smith, AR 72919

(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)

07/14/2020

(Date)

Holly Rasmussen-Jones

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35