

FOOOOOOOO193

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

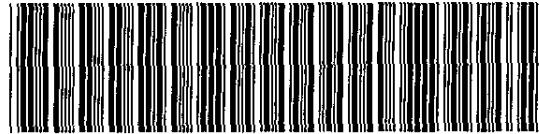
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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*withdrawal*

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05 JUL 20 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR 7/20 05*

FILED  
05 JUL 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 491306 7495056

AUTHORIZATION :

*Patricia Pizots*

COST LIMIT : \$ 35.00

ORDER DATE : July 19, 2005

ORDER TIME : 9:56 AM

ORDER NO. : 491306-095

CUSTOMER NO: 7495056

CUSTOMER: Ms. Denise Collins  
Magellan Health Services, Inc.  
125 Plantation Centre Drive

Macon, GA 31221-6790

FOREIGN FILINGS

NAME: P.P.C., INC.

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 Haddan - EXT# 2955

EXAMINER: \_\_\_\_\_

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

P.P.C., INC.

(Name of Corporation)

(Document Number of Corporation (if known))

MISSOURI

(Incorporated Under Laws of)

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JUL 20 11:51  
SECRETARY OF STATE  
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:

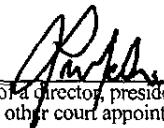
P. O. BOX 26790

(Mailing Address)

MACON, GA 31221

(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)

JULY 13, 2005

(Date)

LINTON C. NEWLIN

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

**FILING FEE \$35**