

F00000001915

Requester's Name

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 900003907359--9
-03/23/01--01040--022
2. _____
(Corporation Name) (Document #) *****43.75 *****43.75
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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 23 PM 3:24

Withdrawal

Examiner's Initials

LFJ

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 23 PM 3:24

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

FAMILY NEUROLOGY ASSOCIATES, P.C.
Incorporated under the laws of
THE STATE OF ALABAMA

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.

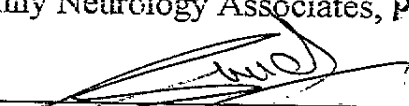
The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Defendant:

Shahid Riaz
Post Office Box 436
Atmore, Alabama 36502

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

Family Neurology Associates, P.C.

Date: 3-8-1

By: 
Shahid Riaz, President