

F00000002431

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OptiCare Eye Health Network, Inc.  
(Name of corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Nicole Bertrand

(Name of Person)

OptiCare Health Systems, Inc.

(Firm/Company)

87 Grandview Avenue

(Address)

Waterbury, CT 06708

(City/State and Zip code)

600008230336--7  
-10/07/02--01032--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

For further information concerning this matter, please call:

Nicole Bertrand

(Name of Person)

at ( 203 ) 596-2236  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT -7 PM 10:05

FILED

As  
withdraw

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

OptiCare Eye Health Network, Inc.

(Name of Corporation)

North Carolina

(Incorporated Under Laws Of)

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:

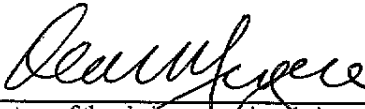
87 Grandview Avenue

(Mailing Address)

Waterbury, CT 06708

(City/ State /Zip)

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



Chairman of the Board

Signature of the chairman or vice chairman of the board,  
president, or any officer, or if the corporation is in the hands of a  
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

Dean J. Yimoyines, M.D.

9/12/02

Typed or printed name

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT -7 PM 10: 05

FILED