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## DISSOLUTION OR WITHDRAWAL CLINICAL LABFORCE OF AMERICA, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CLINICAL LABFORGE OF AME	
(Name o	f Corporation)
DOCUMENT NUMBER: F00000006764	
The enclosed withdrawal application and fee are sub	omitted for filing.
Please return all correspondence concerning this matter to the following:	
Arthur A. Feltman	·
(Name o	f Person)
Comforce Corporat	ion
(Firm/C	ompany)
415 Crossways Park	Drive
(Add	iress)
Woodbury, NY 11797	•
(City/State a	nd Zip code)
For further information concerning this matter, please	call:
Arthur A. Feltman at (at (_at (	516 ) 437-3300
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

CLINICAL LABFORCE OF AMERICA, INC.

(Name of Corpo	ration)		
F0000006764			
(Document Number of Corpo	oration (if known)		
New York			
(Incorporated Under	Laws of)	· · · · · · · · · · · · · · · · · · ·	
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority of its registered agrapoints the Department of State as its agent for service of processing the process of the pro	nduct affairs in Florida.  ent in Florida to accept service	e on its behalf	and
time it was authorized to transact business or conduct affairs	in Florida.		
The following is a current mailing address for the corporation	n:	<b>5</b>	
c/o Comforce Corporati	.on		*****
(Mailing Addre	·	JAN 19	Santiffication of the
415 Crossways Park Drive, Woodbu	• •	P P	
(City/ State /Z	sp)	SI SI	
The corporation agrees to notify the Department of State in the	he future of any change in its ma	iling address.	
and a Eur	1/13/10 (Date)		•
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Little)		
Arthur A. Feltman	Vice President		
(Typed or printed name of person signing)	(Title of person s	signing)	•
FILING FEE	\$35		