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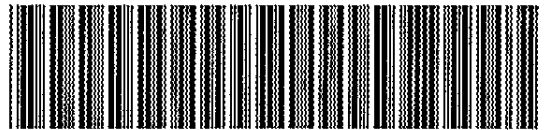
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Withdraw

V SHEPARD JUN 11 2003

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SouthCare PPO, 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:

Shirley R. Smith  
(Name of Person)

County Health Care, Inc.  
(Firm/Company)

6705 Rockledge Dr. #400  
(Address)

Bethesda, MD 20817  
(City/State and Zip code)

For further information concerning this matter, please call:

Shirley R. Smith at ( 901 ) 581-0600  
(Name of Person) (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

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**P.O. Box 8787  
Trenton, NJ 08618-1427  
800-848-0489  
Fax 609-883-7891  
[www.superiorinfo.com](http://www.superiorinfo.com)**

Date: June 3, 2003

To: Florida Division of Corporations

From: Almeda Nangel – Corporate Services Supervisor

Re: SouthCare PPO, Inc.

Enclosed please find Withdrawal Application along with our check number 8607 in the amount of \$35 for the filing fees. After this document has been filed, please file the Application by Foreign Corporation for Authorization to Transact Business in Florida along with our check number 8608 in the amount of \$70 for the filing fees.

Should you need any further information, please do not hesitate to contact me at (800) 848-0489, ext. 5411.

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

SouthCare PPO, Inc.

(Name of Corporation)

North Carolina

(Incorporated Under Laws Of)

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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:

10705 Rockledge Dr. #900

(Mailing Address)

Bethesda, MD 20817

(City/ State /Zip)

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

Shirley R. Smith

SECRETARY

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

Shirley R. Smith, Secretary

Typed or printed name

5/23/03

Date