

FO2000004520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

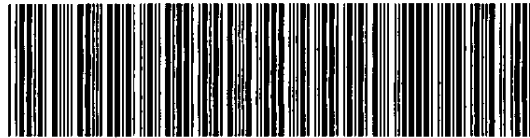
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 APR -6 AM 10:15

T. Roberts APR 08 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patient Advocate Foundation
(Name of Corporation)

DOCUMENT NUMBER: F02000004520

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

Please return all correspondence concerning this
matter to the following:

Fran Castellow, President, Operations
(Name of Person)

Patient Advocate Foundation
(Firm/Company)

700 Thimble Shoals Boulevard, Suite 200
(Address)

Newport News, VA 23606
(City/State and Zip code)

For further information concerning this matter, please call:

Fran Castellow at (757) 952-1363
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Patient Advocate Foundation, INC.
(Name of Corporation)

F02000004520
(Document Number of Corporation (if known))

Virginia
(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS
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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:

700 Thimble Shoals Boulevard, Suite 200
(Mailing Address)

Newport News, VA 23606
(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)

3/31/09
(Date)

Fran Castellon
(Typed or printed name of person signing)

President, Operations
(Title of person signing)

FILING FEE \$35