

F02000005511

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

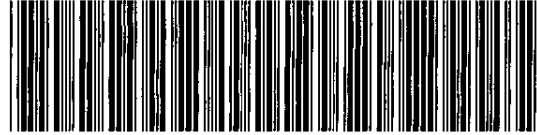
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts APR 24 2008



**S I G N A T U R E**  
I N F O R M A T I O N S O L U T I O N S

(a joint venture between Charles Jones and Data Trace)  
300 Phillips Blvd., Trenton, NJ 08618 or  
PO Box 8787, Trenton, NJ 08650-0787  
Tel: 609-883-7000 Fax: 609-883-7891  
Email: [corpservices@signatureinfo.com](mailto:corpservices@signatureinfo.com)

State: FL

Date: April 15, 2008

To: Amendment Section

From: Colleen Kiessling

Re: Mental Health Network Institutional Services, Inc.  
(Withdrawal Filing)

Enclosed herewith please find the necessary documents to withdrawal the above corporation in your state, together with our check in the amount of \$35.00.

Please file upon receipt, returning a stamp filed copy of the document to my attention by regular mail in the self addressed, stamped envelope, or mail to:

Signature Information Solutions LLC  
300 Phillips Blvd.  
Trenton, NJ 08618  
Attn: Colleen Kiessling

Should you need further information, or if there are any problems with the filing please contact me as soon as possible at (800) 792-8888, ext. 5410

Thank you for your assistance in this matter.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mental Health Network Institutional Services, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F02000005511

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

Please return all correspondence concerning this  
matter to the following:

Colleen Kiessling

(Name of Person)

Signature Information Solutions LLC

(Firm/Company)

300 Phillips Blvd., #400

(Address)

Trenton, NJ 08650

(City/State and Zip code)

For further information concerning this matter, please call:

Colleen Kiessling

(Name of Person)

at ( 800 )

792 8888 x5410

(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

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

Mental Health Network Institutional Services, Inc.

(Name of Corporation)

F02000005511

(Document Number of Corporation (if known))

Louisiana

(Incorporated Under Laws of)

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08 APR 18 AM 10:08  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

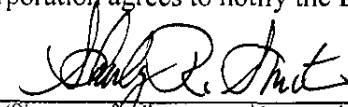
c/o Coventry Health Care, Inc., 6705 Rockledge Dr., #400

(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.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 9, 2008

(Date)

Shirley R. Smith

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**