# F030000002434

(Requestor's Name	)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
. (Business Entity Na	ime)
(Document Number	<del>r)</del>
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	





500218600235

01/19/12--01006--007 \*\*35.00

12 JAN 19 PM 12: 08

ahal alz

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: OBA Midwest, Ltd. Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: F03000002434	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeff Bell	
(Name of Person)	
HealthPlan Services, Inc.	
(Firm/Company)	
3501 Frontage Rd	
(Address)	
Tampa, FL 33607	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Jeff Bell at ( 813 ) 289-1000 x3101	
(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

OBA Midwest, Ltd. Inc.	
(Name of Corporation)	
F03000002434	f known)  Recognition of the party of the pa
(Document Number of Corporation (i	f known)
Illinois	A PH
(Incorporated Under Laws of	D; (
This corporation revokes the authority of its registered agent in It appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floris.  The following is a current mailing address for the corporation:  Attn: Jeff Bell 3501 Frontage Rd  (Mailing Address)	Florida to accept service on its behalf and based on a cause of action arising during the
Tampa, FL 33607	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the futur  (Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)	e of any change in its mailing address.    1/9/12     (Date)
Jeffery W. Bak	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**