F03000003347

(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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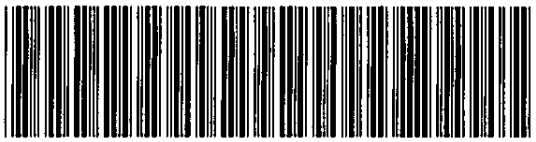
Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

withdr

C. Coulliette MAR 04 2008

(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

State: FL

Date: February 19, 2008

To: Division of Corporation

From: Colleen Kiessling

Re: SouthCare PPO, 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: SouthCare PPO, Inc.
(Name of corporation)

DOCUMENT NUMBER: F0300003347

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

Please return all correspondence concerning this matter to the following:

Shirley R. Smith, Secretary
(Name of Person)

Coventry Health Care, Inc.
(Firm/Company)

6705 Rockledge Rd., #900
(Address)

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

For further information concerning this matter, please call:

Shirley R. Smith at (_____)
(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

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

SouthCare PPO, Inc.
(Name of Corporation)

F0300003347
(Document Number of Corporation (if known)

Missouri
(Incorporated Under Laws of)

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., #900
(Mailing Address)

Bethesda, MD 20817
(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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

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

February 14 ,2008
(Date)

Shirley R. Smith
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE $35