F04000001218

•		
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Quality Medical South, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F04000001218
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy P. Lenihan, Jr., CPA
(Name of Person)
The Virtus Group
(Firm/Company)
352 Wall Street
(Address)
Princeton, NJ 08540
(City/State and Zip code)
For further information concerning this matter, please call:
Timothy P. Lenihan, Jr., CPA at (609) 683 - 0585

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

Quality Medical South Inc.	
(Name of Corporation)	
F0400001218 (Document Number of Corporation (if known)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Number of Corporation (II known)	Egg Q
New Jersey	TALLAHASSEE. FLORE STATE
(Incorporated Under Laws of)	K. 2. K.
This corporation is no longer transacting business or conducting affairs with voluntarily surrenders its authority to transact business or conduct affairs in Fl	in the State of Florida and hereby
This corporation revokes the authority of its registered agent in Florida to appoints the Department of State as its agent for service of process based on a time it was authorized to transact business or conduct affairs in Florida.	-
The following is a current mailing address for the corporation:	
4475 South Clinton Avenue, Suite 106	
(Mailing Address)	·
South Plainfield, NJ 07080	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any c	hange in its mailing address.
X Chro Prox X 1	/-12-07
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Andrew Bythell Pres	ident
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35