F04000002799

(Red	juestor's Name)	
(Address)		
(Add	ress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status <u>V</u>
Special Instructions to Filing Officer:		
	•	

Office Use Only



800080803378

10/19/06--01004--009 **35.00

W



T. Roberts OCT 2 0 70%

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Portland Professional Pharmacy Inc.

(Name of Corporation)

DOCUMENT NUMBER: <u>F04</u>000002799

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Romano, Legal Department

(Name of Person)

National Medical Health Card Systems, Inc

(Firm/Company)

26 Harbor Park Drive

(Address)

Port Washington, NY 11050

(City/State and Zip code)

For further information concerning this matter, please call:

Tracy Romano

at (516

₎ 605-6756

(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

ř.

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

Portland Professional Pharmacy Inc.

(Name of Corporation)	
	70 C
E0400002700	OF OCT 19 M 9: 13
F04000002799	王二
(Document Number of Corporation (II known)
	而 圣
Maine	Tro e
(Incorporated Under Laws o	<u> </u>
(medipotated olider Earl's o	
	7
This corporation is no longer transacting business or conducting at	ffairs within the State of Florida and hereby
voluntarily surrenders its authority to transact business or conduct a	
•	
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	
time it was authorized to transact business or conduct affairs in Flor	rida.
The following is a current mailing address for the corporation:	
0011 1 5 1 5 1	
26 Harbor Park Drive	
(Mailing Address)	
Port Washington, NY 11050	
(City/ State /Zip)	
(,	
The corporation agrees to notify the Department of State in the futu	re of any change in its mailing address.
The surface of the su	· · · · · · · · · · · · · · · · · · ·
grittle Tuelyan	10/11/10
(Signature of dispertor, provident or other officer, if in the hands of a	10 16 06 (Date)
(Signature of Airector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(isate)
Jonathan Friedman	Secretary
(Typed or printed name of person signing)	(Title of person signing)
(1 yped of printed faithe of person signing)	(Time or person signing)

FILING FEE \$35