

FO4000003045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

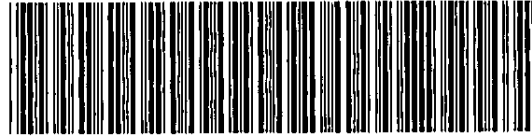
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO AGENCY
SUFFICIENCY OF FILING

2014 MAY -7 PM 1:58 14 MAY -7 PM 11:47

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STATE OF NEW YORK
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T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 123436 7841736

AUTHORIZATION :

Spredeman

COST LIMIT : \$ 35.00

ORDER DATE : May 7, 2014

ORDER TIME : 1:29 PM

ORDER NO. : 123436-005

CUSTOMER NO: 7841736

FOREIGN FILINGS

NAME: FLORIDA MEDICAL SPECIALISTS,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER: _____

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

Florida Medical Specialists, Inc.

(Name of Corporation)

F04000003045

(Document Number of Corporation (if known))

New Jersey

(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:

3280 Peachtree Road NE, Suite 2625

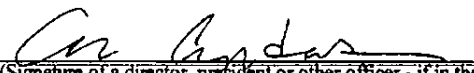
(Mailing Address)

Atlanta, GA 30305

(City/ State /Zip)

14 MAY -7 PM 11:47

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)

May 7, 2014

(Date)

Clare Arguedas

(Typed or printed name of person signing)

GC, EVP & Secretary

(Title of person signing)

FILING FEE \$35