

F04000004091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

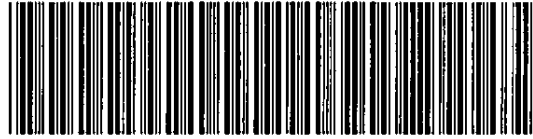
(Business Entity Name)

(Document Number)

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07 AUG -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 AUG -3 AM 8:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

withdr.
C. Coufflette AUG 03 2007



CORPORATION SERVICE COMPANY

file 1st

ACCOUNT NO. : 072100000032

REFERENCE : 038813 7416132

AUTHORIZATION

Spredeman

COST LIMIT : \$ 35.00

ORDER DATE : August 2, 2007

ORDER TIME : 5:05 PM

ORDER NO. : 038813-020

CUSTOMER NO: 7416132

FOREIGN FILINGS

NAME: THERACOM, 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: Debbie Skipper - EXT# 2948

EXAMINER: _____

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

THERACOM, INC.

(Name of Corporation)

F04000004091

(Document Number of Corporation (if known))

OHIO

(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:

211 COMMERCE ST., SUITE 800

(Mailing Address)

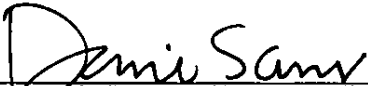
NASHVILLE, TN 37201

(City/ State /Zip)

07 AUG -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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)

7/26/07
(Date)

DENISE SOMMER

(Typed or printed name of person signing)

ASST. CORP. SEC.

(Title of person signing)

FILING FEE \$35