

FO400000 5452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

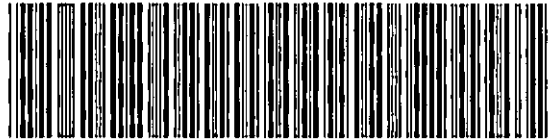
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAR -6 AM 11:52

CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

C. GOLDEN  
MAR 16 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MEDICAL PROTECTIVE FINANCE CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: F04000005452

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

Please return all correspondence concerning this matter to the following:

ANGELA ADAMS

(Name of Person)

MEDPRO GROUP

(Firm/Company)

5814 REED ROAD

(Address)

FORT WAYNE, IN 46835

(City/State and Zip code)

For further information concerning this matter, please call:

ANDREW TEEL at ( 260 ) 426-0404

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**MEDICAL PROTECTIVE FINANCE CORPORATION**

(Name of Corporation)

**F04000005452**

(Document Number of Corporation (if known))

**INDIANA**

(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:

**5814 REED ROAD**

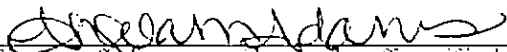
(Mailing Address)

**FORT WAYNE, IN 46835**

(City/ State /Zip)

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2019 MAR -6 AM 11:52  
DEPT. OF STATE  
TALLAHASSEE, FL

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)

**ANGELA ADAMS**

(Typed or printed name of person signing)

2/25/19  
(Date)

**SECRETARY**

(Title of person signing)

**FILING FEE \$35**