F050000000097

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	·
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APR 1 7 2012 T. BROWN

COVER LETTER

SUBJECT: Pediatric Endoci	(Name of Corporation)
DOCUMENT NUMBER: F050	00000097
The enclosed withdrawal applicati	on and fee are submitted for filing.
Please return all correspondence commatter to the following:	ncerning this
Debbie Farrow	
	(Name of Person)
Pediatric Endocrino	logy Nursing Society
	(Firm/Company)
PO Box 14516	
	(Address)
Lenexa, KS 66285-4	! 516
	(City/State and Zip code)
For further information concerning	this matter, please call:
Debbie Farrow	at (913) 895-4721
(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

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

Pediatric Endocrinology Nursing Society
Pediatric Endocrinology Nursing Society (Name of Corporation) F05000000097 (Document Number of Corporation (if known)
F0500000097
(Document Number of Corporation (if known)
Michigan ***
(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:
PO Box 14516
(Mailing Address)
Lenexa, KS 66285-4516
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. May A. Burn MS CPNP 3 [15 [12] (Signature of a director, president or other officer - if in the hands of a receiver or other column appointed fiduciary, by that fiduciary) (Date)
Mary S. Berry (Typed or printed name of person signing) FILING FEE \$35 President Pediatric (Title of person signing) Endo Crinology FILING FEE \$35
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