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(F	Requestor's Name)				
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TALLAHASSEE, FLORIDA

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COVER LETTER

	endment Section sion of Corporat	ions						
SUBJECT: MEDNET BENEFITS INC.								
(Name of Corporation)								
DOCUMENT NUMBER: F05000001796								
The enclosed withdrawal application and fee are submitted for filing.								
	n all corresponde following:	ence concerning this	.	•				
HOWARD CRACOWER								
(Name of Person)								
MEDNET BENEFITS INC.								
(Firm/Company)								
1-25 WEST BEAVER CREEK ROAD								
(Address)								
RICHMOND HILL, ONTARIO L4B1K2 CANADA								
(City/State and Zip code)								
For further	information cond	cerning this matter, p	olease call:					
CINDY N	MICHAELIS		at (905	₎ 762-8750				
	(Name of Per	rson)		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 FLQRIDA

MEDNET	BENEFITS INC.			8
	(Name	of Corporation)		OFER 26 MIO.
F0500000	1796			in the last
	(Document Number	r of Corporation (if I	(nown)	OME
ONTARIO), CANADA			·
		ted Under Laws of)		
voluntarily surrenders i This corporation revok appoints the Departmentime it was authorized t	longer transacting business of its authority to transact busine tes the authority of its regist at of State as its agent for serve transact business or conductent mailing address for the co	ess or conduct affa tered agent in Flovice of process ba ext affairs in Florida	airs in Florida. orida to accept serv sed on a cause of ac	vice on its behalf and
1-25 WES	ST BEAVER CREEK	ROAD		
	(Mai	ling Address)		
RICHMOI	ND HILL, ONTARIO	L4B 1K2 CA	ANADA	
	to notify the Department of Source o		of any change in its	mailing address.
	CRACOWER		CEO	
(Typed or pr	inted name of person signing)	<u></u>	(Title of pers	son signing)

FILING FEE \$35