## F05000003126

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECNETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Amendment Section		
4	Division of Corporations		
SUBJ	ECT: PROVIDERLINK, INC. (FEIN:	56-2239635)	
3	(Na	ime of Corporation)	
DOCU	UMENT NUMBER: <u>F05000003126</u>		
The en	nclosed withdrawal application and fee ar	re submitted for filing.	
	return all correspondence concerning this to the following:		
	ROB	BERT ROCCA	
	(Name of Person)		
	COMPUWARE CORPORATION		
		rm/Company)	
•	ONE CAMPUS MARTIUS	(Address)	
	DETROIT,		
	(City/St	tate and Zip code)	
For fu	rther information concerning this matter, p	please call:	
	ROBERT ROCCA	at 313-227-0918	
	(Name of Person)	at 313-227-0918 (Area Code & Daytime Telephone Number)	
	STREET ADDRESS:	MAILING ADDRESS:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
*,	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
	·	Tallahassee El 32301	

STE EL 32230

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

PROVIDERLINK, INC	•		
(Name of Corporation)			
•	^		
	(if known)		
F05000003126			
(Document Number of Corporation (if known)			
	A CO		
DELAWARE			
(Incorporated Under Laws of	of)		
	The state of the s		
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a			
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arising during the		
The following is a current mailing address for the corporation:			
The following is a various maining address for the corporation.			
ONE CAMPUS MARTIUS ATTN: TAX	DEPT - 14W		
(Mailing Address)			
DDDDDD WE 40006 F000			
DETROIT, MI 48226-5099 (City/ State /Zip)			
(City/ State /Zip)			
The comparation agrees to notify the Department of State in the fator	ro of any change in its mailing address		
The corporation agrees to notify the Department of State in the future	re of any change in its maining address.		
$\checkmark$ 1			
_ Jama tourner.	S/s1/06		
(Signature of a director, president or other officer - if in the hands of a	(Date)		
receiver or other court appointed fiduciary, by that fiduciary)			
	·		
LAURA FOURNIER	SR. VP/CFO/TREASURER		
(Typed or printed name of person signing)	(Title of person signing)		

**FILING FEE \$35**