

F05000003637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

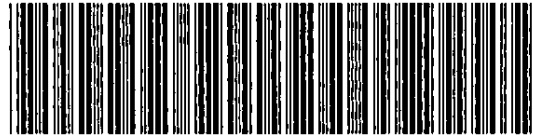
(Business Entity Name)

(Document Number)

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07/19/12--01004--024 **35.00

12 JUL 19 AM 10:55
SECRETARY OF COMMERCE
DIVISION OF CORPORATE AFFAIRS

Withdrawal
CUS
@ 7.19.12



SIGNATURE
INFORMATION SOLUTIONS

300 Phillips Blvd., Trenton, NJ 08618
(PO Box 8787, Trenton, NJ 08650-0787)
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FILING TRANSMITTAL FORM

STATE: FL

To: Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
P. O. Box 6327
Tallahassee, FL 32314

Date: ~~July 10, 2012~~ July 13, 2012

From: April Brady

Entity Name/s: Preferred Benefits Administrator, Inc.

Enclosed herewith please find the following:

- 1) Application for Withdrawal
- 2) Our check in the amount of \$35.00 to cover withdrawal filing fee.
- 3) Self addressed stamped envelope.

Please process the enclosed documents upon receipt, returning a file stamped copy of the Certificate of Withdrawal as proof of filing. Enclosed is a pre-paid, self addressed envelope for your convenience in returning the copy to us. If you require anything further from regarding this transaction please do not hesitate to contact me at 800-792-8888, ext. 7080.

Thank you for your assistance in this matter.

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

Preferred Benefits Administrator, Inc.

(Name of Corporation)

F05000003637

(Document Number of Corporation (if known))

Kansas

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 19 AM 10:56

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:

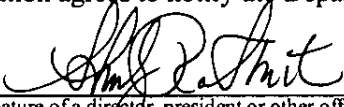
c/o Coventry Health Care, Inc.

(Mailing Address)

6705 Rockledge Drive, Suite 700, Bethesda, MD 20817

(City/ State /Zip)

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)

June 15, 2012

(Date)

Shirley R. Smith

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35