## F050000005859

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SECRETARY OF STATE

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## **COVER LETTER**

المجار سررية

	Amendment Section Division of Corporations			
L		Accociato	s Inc	
SUBJEC	<sub>CT:</sub> Invo Healthcare			
	E05000	(Name of Corpor	ation)	
DOCUM	MENT NUMBER: FUSUUC	005859		
The encl	osed withdrawal application and	fee are submitted t	For filing.	
	eturn all correspondence concerning the following:	; this		
	Jason T. Ralph		_	
		(Name of Persor	)	
Invo Healthcare Associates, Inc.				
	41. ·	(Firm/Company	)	
	1780 Kendarbren I	Orive		
		(Address)		
	Jamison, PA 1892	29		
		City/State and Zip	code)	
	ner information concerning this mat	-	40.4.4000 5000	
Jas	on T. Ralph	<sub>at</sub> (800	434-4686_x5983	
Enclosed	(Name of Person) d is a check for the amount:	(Area	Code & Daytime Telephone Number)	
<b>√</b> \$35 F	Filing Fee \$\int\\$43.75 \text{Filing Fee & Certificate of Status}	\$43.75 Filing F Certified Copy (Additional co Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

Invo Healthcare Associates, INC

(Name of Corporation)	
F05000005859	
(Document Number of Corporation	(if known)
Pennsylvania	~~~
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	affairs in Florida.
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
1780 Kendarbren Drive	
(Mailing Address)	
Jamison, PA 18929	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
( least MM	7/10/2013
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jason T. Ralph  (Typed or printed name of person signing)	Vice President (Title of person signing)
(Typed of printed fiame of person signing)	(Time of person signing)