

F05000006349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medical Staffing Solutions Inc. of Wisconsin  
(Name of Corporation)

**DOCUMENT NUMBER:** F 05 000006349

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Barta  
(Name of Person)

Medical Staffing Solutions Inc.  
(Firm/Company)

35 Main St  
(Address)

Rice Lake WI 54868  
(City/State and Zip code)

For further information concerning this matter, please call:

Aaron Barta at (715) 736-2070  
(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 TRANSMIT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Medical Staffing Solutions Inc of Wisconsin  
(Name of Corporation)

F05000006349  
(Document Number of Corporation (if known))

Wisconsin  
(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:

3 South Main St  
(Mailing Address)

Rice Lake WI 54868  
(City/ State /Zip)

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Ar  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

7-20-10  
(Date)

ARON BARTA  
(Typed or printed name of person signing)

V.P.  
(Title of person signing)

**FILING FEE \$35**