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(a joint venture between Charles Jones and Data Trace) 300 Phillips Blvd., Trenton, NJ 08618 or PO Box 8787, Trenton, NJ 08650-0787

Tel: 609-883-7000 Fax: 609-883-7891 Email: corpservices@signatureinfo.com

State:

Florida

Date:

February 18, 2008

To:

Secretary of State

From:

Sharon Vanness

Re:

First Health Priority Services, Inc.

(Withdrawal Filing)

Enclosed herewith please find the necessary documents to withdrawal the above corporation in your state, together with our check in the amount of \$35.00.

Please file upon receipt, returning a stamp filed copy of the document to my attention by regular mail in the self addressed, stamped envelope, or mail to:

Signature Information Solutions LLC 300 Phillips Blvd.
Trenton, NJ 08618
Attn: Sharon Vanness

Should you need further information, or if there are any problems with the filing please contact me as soon as possible at (800) 792-8888, ext. 5402.

Thank you for your assistance in this matter.

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

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First Health Priority Services, Inc.	The second
First Health Priority Services, Inc. (Name of Corp.) F06000000316	oration)
	in the second se
F06000000316	Cost.
(Document Number of Cor	poration (if known)
	•
California	
(Incorporated Und	ler Laws of)
is corporation is no longer transacting business or cond-	ncting affairs within the State of Florida and bareh
luntarily surrenders its authority to transact business or condi-	· ·
contended its audionly to dallower outliness of the	CHART HIM I I I I I I I I I I I I I I I I I I
is corporation revokes the authority of its registered a	agent in Florida to accept service on its behalf an
points the Department of State as its agent for service of	
ne it was authorized to transact business or conduct affair	
ne following is a current mailing address for the corporation	on:
₹vc.	
c/o Coventry Health Care, 6705 Rockledge Drive	Suite 900
Avc.	Suite 900
حرم c/o Coventry Health Care, 6705 Rockledge Drive	Suite 900
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add	Suite 900
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add	Suite 900 dress)
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add	Suite 900 dress)
(Mailing Add Bethesda, MD 20817	Suite 900 dress)
C/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add Bethesda, MD 20817 (City/ State)	Suite 900 dress) /Zip)
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add	Suite 900 dress) /Zip)
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add Bethesda, MD 20817 (City/ State)	Suite 900 dress) /Zip) the future of any change in its mailing address.
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add Bethesda, MD 20817 (City/ State) de corporation agrees to notify the Department of State in	Suite 900 dress) /Zip) the future of any change in its mailing address. $\mathcal{O}-15-08$
c/o Coventry Health Care, 6705 Rockledge Drive (Mailing Add Bethesda, MD 20817 (City/ State)	Suite 900 dress) /Zip) the future of any change in its mailing address. $\mathcal{O}-15-08$
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Co Coventry Health Care, 6705 Rockledge Drive (Mailing Add Bethesda, MD 20817 (City/ State) The corporation agrees to notify the Department of State in	Suite 900 dress) /Zip) the future of any change in its mailing address. $\mathcal{O}-15-08$

FILING FEE \$35