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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Healthplex I. P.A. &c. (Name of Corporation)
DOCUMENT NUMBER: <u>F0600001741</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie Vianola (Name of Person)
Healthplex I.P.A. Inc (Firm/Company)
333 Earle Ovington Blud., Site 300
Uniondale NY 11553 (City/State and Zip code)
For further information concerning this matter, please call: Vignola
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) Enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

Healthplex I.P.A. Inc.
(Name of Corporation)
F 06 0000 17 41 (Document Number of Corporation (if known)
(Document Number of Corporation (If known)
NEW YORK (Incorporated Under Laws of)
دین اون ک
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:
333 Earle Ovington Blud. Suite 300
Union dale NY 11553 (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 of other officer - if in the hands of a receiver or other court/appointed fiduciary, by that fiduciary) (Date)
Valerie Vianda (Typed or printed name of person signing) Secretary (Title of person signing)