

F06 000001787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

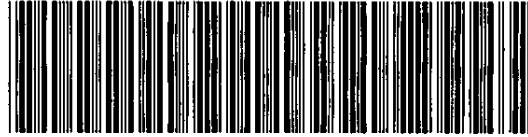
☐ MAIL

(Business Entity Name)

(Document Number)

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JAN 09 2015  
C. CARROTHERS

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

The Orthopaedic and Sports Medicine Center of Camden, P.C.

(Name of Corporation)

F06000001787

(Document Number of Corporation (if known))

State of Georgia

(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:

277 Scenic Drive


(Mailing Address)

Horseheads, NY 14845

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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)

Dec. 19, 2014

(Date)

Nancy A. Felix

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Orthopaedic and Sports Medicine Center of Camden, P.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** F06000001787

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

Please return all correspondence concerning this matter to the following:

Woody Brooks

(Name of Person)

Felix Orthopaedics

(Firm/Company)

277 Scenic Dr.

(Address)

Horseheads, NY 14845

(City/State and Zip code)

For further information concerning this matter, please call:

Woody Brooks at ( 904 ) 465-1737  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301