F060000004000

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



400185378414

10/01/10--01010--021 **35.00

FILED

2010 OCT -1 M 9: 18

SECRETARY OF STATE

withdrawal

OCT - 5 2010

TE

COVER LETTER

TO: Amendment Section					
Division of Corporations					
SUBJECT: MedCath Consulting & Management, I	Inc.				
	Name of Corporation)				
DOCUMENT NUMBER: F06000004000					
The enclosed withdrawal application and fee	e are submitted for filing.				
Please return all correspondence concerning the matter to the following:	his .				
Carol E. Bowen					
	(Name of Person)				
Moore & Van Allen PLLC					
	(Firm/Company)				
100 North Tryon Street, Suite 4700					
	(Address)				
Charlotte, North Carolina 28202-4003					
	y/State and Zip code)				
For further information concerning this matter	r, please call:				
Carol E. Bowen	at (704) 331-2462				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET ADDRESS:	MAILING ADDRESS:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee EL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

MedCath Consulting & Management, Inc.

		(Name of Corporat	ion)	28 6 T		
F06	000004000			70.70		
	(Doci	ument Number of Corpora	ition (if known)	500 7		
				20,00		
A min	cona			97		
Alla	Ona	(Incorporated Under L	aws of)			
		•	,	•		
	tion is no longer transacting irrenders its authority to tra			of Florida and hereby		
appoints the	tion revokes the authority Department of State as its a athorized to transact business	gent for service of pro-	cess based on a cause of ac	vice on its behalf and etion arising during the		
The following	g is a current mailing addre	ss for the corporation:				
·	,	ı				
1072	20 Sikes Place, Suite 300					
		(Mailing Address	3)			
Char	lotte, North Carolina 28277					
(City/ State /Zip)						
The corporati	on agrees to notify the Dep	artment of State in the	future of any change in its	mailing address.		
(Signati receiv	ure of a director, president or other of or other court appointed fiduciary,	fficer - if in the hands of a , by that fiduciary)	9 21 (10 (Date)		
	James A. A	Parker	Treasurer (Title of per	son signing)		

FILING FEE \$35