

**F06000001023**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

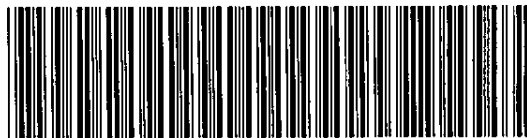
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800268699198

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CONSULAR AFFAIRS  
15 JAN 30 PM 4:35  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

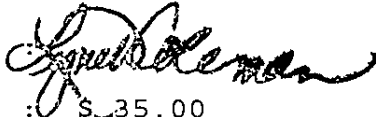
FILED  
14 JAN 30 AM 11:24  
FBI - NEW YORK

W/D  
FEB 02 2015  
R. WHITE

ACCOUNT NO. : I20000000195

REFERENCE : 480469 109186B

AUTHORIZATION



COST LIMIT : \$35.00

ORDER DATE : January 28, 2015

ORDER TIME : 2:15 PM

ORDER NO. : 480469-040

CUSTOMER NO: 109186B

FOREIGN FILINGS

\*\*FILE FIRST\*\*

NAME: PHYSICIAN PRACTICE SUPPORT,  
INC.

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 62940

EXAMINER: \_\_\_\_\_

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

Physician Practice Support, Inc.

\_\_\_\_\_  
(Name of Corporation)

F06000004023

\_\_\_\_\_  
(Document Number of Corporation (if known))

Tennessee

\_\_\_\_\_  
(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:

4000 Meridian Blvd.

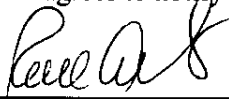
\_\_\_\_\_  
(Mailing Address)

Franklin, TN 37067

\_\_\_\_\_  
(City/ State /Zip)

FILED  
14 JAN 30 AM 11:24  
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)

Rachel A. Seifert

\_\_\_\_\_  
(Typed or printed name of person signing)

January 26, 2015  
\_\_\_\_\_  
(Date)

Executive VP and Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**