

F06 000005213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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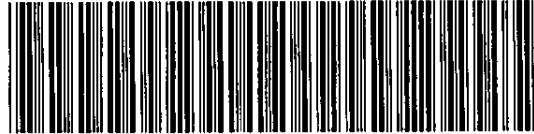
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF STATE  
15 MAY - 8 PM 12:12  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 MAY - 8 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2014

C. CARROTHERS

ACCOUNT NO. : I20000000195

REFERENCE : 568356 4392992

AUTHORIZATION *Lydia Cohen*

COST LIMIT : \$ 35.00

ORDER DATE : March 27, 2015

ORDER TIME : 9:27 AM

ORDER NO. : 568356-040

CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: ANCILLARY MANAGEMENT  
SOLUTIONS, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Lydia Cohen - EXT# 62974

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ancillary Management Solutions, Inc.

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

**DOCUMENT NUMBER:** F06000005213

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

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
(Name of Person)

Corporation Service Company

\_\_\_\_\_  
(Firm/Company)

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

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

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

Ancillary Management Solutions, Inc.

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

F06000005213

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

c/o McKesson Corporation, Attn: Corporate Secretary, One Post St.

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

San Francisco, CA 94104

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

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Karen Pineda*

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

5.5.2015

\_\_\_\_\_  
(Date)

Karen Pineda

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

Assistant Secretary (Other Officer)

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

**FILING FEE \$35**