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TO:	D: Amendment Section Division of Corporations			
SUBJ	ECT: Diamond Healthcare Staffing, Inc.			
		(Name of Corporation)		
DOC	UMENT NUMBER: F07000000344			
The er	nclosed withdrawal application and	fee are submitted for filing.		
Please	return all correspondence concerning	g this matter to the following:		
	Barbara Elkin			
		(Name of Person)		
	Diamond Drugs Inc.			
		(Firm/Company)		
	645 Kolter Drive			
		(Address)		
	Indiana, PA 15701			
	(0	City/State and Zip code)		
For fu	rther information concerning this mat	tter, please call:		
Barbara	a Elkin	at (724) 349-1111		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the amount:			
■ \$35	5 Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) ☐ \$43.75 Filing Fee & ☐ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

FILED

SECRETARY OF STATE

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

Diamond Healthcare Staffing, Inc.	TALLAHASSEE, FL
(Name of Con	rporation)
F07000000344	
(Document Number of Co	orporation (if known)
Barry -	01122107
(Incorporated Under Laws of and date authorized	
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or	- ·
This corporation revokes the authority of its registered appoints the Department of State as its agent for service o time it was authorized to transact business or conduct affa	f process based on a cause of action arising during the
The following is a current mailing address for the corpora	ition:
645 Kolter Drive	
(Mailing Ac	ddress)
Indiana, PA 15701	
(City/ State	c /Zip)
The corporation agrees to notify the Department of State i	in the future of any change in its mailing address.
Anth Dra	2/1/2021
(Signature of a director president or other officer - if in the hands o receiver or other court appointed fiduciary, by that fiduciary)	f a (Date)
Gilbert J. Zilner	Vice-President / Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE S35