F07000000446

(Requestor	s Name)		
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(City/State/	Zip/Phone #)		
PICK-UP		WAIT	MAIL	
	Business E	ntity Name)	_	
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A. RAMSEY FEB 162024 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195				
REFERENCE :	284968 7841736				
AUTHORIZATION :					
COST LIMIT :	\$ 35.0				
ORDER DATE : January 24, 2024					
ORDER TIME : 4:26 PM					
ORDER NO. : 284968-095					
CUSTOMER NO: 7841736					
FOREIGN FILINGS NAME: NETWORK MEDICAL REVIEW COMPANY, LTD.					
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY					
XXXX WITHDRAWAL/CANCELLATION					
PLEASE RETURN THE FOLLOWING AS PROC	OF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS					
CONTACT PERSON: Shauna Godbolt - 1	EXT#				

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Network Medical Review Compar	ny Inc.
	(Name of Corporation)
DOCUMENT NUMBER: F07000000446	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Liz Van Kley c/o ExamWorks LLC	
	(Name of Person)
ExamWorks LLC	
	(Firm/Company)
3280 Peachtree Road, Suite 2625	
	(Address)
Atlanta, GA. 30305	
(City/State and Zip code)
For further information concerning this ma	atter, please call:
Liz Van Kłey c/o ExamWorks LLC	at (404) 952-2460
(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 & □ \$52.50 Filing Fee. Certified Copy (Additional copy is Enclosed) □ \$43.75 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

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

Network Medical Review Company Inc.	824
(Name of Corporati	
F07000000446	
(Document Number of Corpora	tion (if known)
Illinois	01
(Incorporated Under Laws of and date authorized to tra	ansact business/conduct its affairs)
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:	cess based on a cause of action arising during the
3280 Peachtree Road, Suite 2625	
(Mailing Address)
Atlanta, GA. 30305	
(City/ State /Zip)	-
The corporation agrees to notify the Department of State in the	02/07/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that tiduciary)	(Date) General Counsel, Executive Vice
Clare Arguedas	President and Secretary
(Typed or printed name of person signing)	(Title of person signing)