

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name , CORPORATION SERVICE COMPANY

Account Number : 12000000195

(850)521-1000

Phone

Fax Number

: (950)558-1575

DISSOLUTION OR WITHDRAWAL

HEALTHCARE TRANSACTION PROCESSORS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Corporate Filing Menu

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10/7/2008

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

| /Haalthaara Transactio | d Processors Inc | |
|---|---------------------------------------|----------------------------------|
| (Healthcare Transaction | (Name of Corporation) | |
| | (Marie of Corporation) | |
| F07000001708 | | |
| (Document | Number of Corporation (if known) | |
| | | |
| Ohio | : | |
| (Inc | corporated Under Laws of) | |
| | | \$ 6 |
| This corporation is no longer transacting busi | ness or conducting affairs within t | ,, |
| voluntarily surrenders its authority to transact | | |
| This corporation revokes the authority of its | registered agent in Florida to ac | cept service on its behalf and |
| appoints the Department of State as its agent f | or service of process based on a ca | use of action arising during the |
| time it was authorized to transact business or o | onduct affairs in Florida. | F. C. S. |
| | i. | |
| The following is a current mailing address for | the corporation: | Om G |
| One Post Street | 1 | |
| | (Mailing Address) | |
| | | |
| San Francisco, CA 94104 | į | |
| | (City/ State /Zip) | |
| | • | |
| | | , |
| The corporation agrees to notify the Departme | nt of State in the future of any char | ge in its mailing address. |
| Melissa Wu | October | 6 , 2008 |
| (Signature of a director, president or other officer - i receiver or other court appointed fiduciary, by that | f in the hands of a | (Date) |
| tooker of odmi sout appoined following, by the | | 1 |
| Melissa Wu | | |
| (Typed or printed name of person signing) | <u></u> | t Secretary |
| (1 Abor or brunen mante or berrout sidning) | | Title of person signing) |
| i | FILING FEE \$35 | |
| | E-WOOD AND WATER | |