## F07000005112

(Re	questor's Name)	
(Ad	dress)	
(Δ)	dress)	
, (Au	aress)	
(Cit	ty/State/Zip/Phon	e #)
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<b>(</b> -		··· <b>,</b>
(Do	cument Number	
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SECRETARY OF STATE ALLAHASSEF, FLORIO

APPROVED



## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: ACF Medical Services, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: F07000005112			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sarah Wilson			
(Name of Person)			
Atlantic Credit & Finance, Inc.			
(Firm/Company)			
2727 Franklin Road, SW			
(Address)			
Roanoke, VA 24014			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Sarah Wilson at ( 540 ) 767-5114			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ACF Medical Services, Inc.

(Name of Corpora	ation)
F07000005112	
(Document Number of Corpor	ration (if known)
Virginia	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conduc voluntarily surrenders its authority to transact business or con	<del>-</del>
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pretime it was authorized to transact business or conduct affairs it	ocess based on a cause of action arising during the
The following is a current mailing address for the corporation	:
2727 Franklin Road, SW	SECRET SECRET
(Mailing Addre	ss)
Roanoke, VA 24014	The state of the s
(City/ State /Zi	PH 3: 52 EE FLORIDA  P)
The corporation agrees to notify the Department of State in th	e 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)	1/21/10 (Date)
Richard E. Woolwine	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**