

F07000005983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300390318333

07 JUN 2022 11:00 AM **160.00

RECEIVED

2022 JUN 30 PM 3:28

Division of Corporations
TALLAHASSEE, FLORIDA

FILED

2022 JUN 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
JUL - 1 2022

35

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/30 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

WITHDRAWAL

1. **CORRECTCARE-INTERGRATED HEALTH, LLC**
(CORPORATE NAME AND DOCUMENT #)

File 1st

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORRECTCARE-INTEGRATED HEALTH, INC.

(Name of Corporation)

DOCUMENT NUMBER: F07000005983

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

Please return all correspondence concerning this matter to the following:

Anthony Holmes

(Name of Person)

Registered Agent Solutions, Inc.

(Firm/Company)

5301 Southwest Pkwy., Suite 400

(Address)

Austin, TX 78735

(City/State and Zip code)

For further information concerning this matter, please call:

Anthony Holmes

at (_____) _____

888-705-7274

(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
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**

CORRECTCARE-INTEGRATED HEALTH, INC.

(Name of Corporation)

F07000005983

(Document Number of Corporation (if known))

Kentucky

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:


1218 South Broadway, Suite 250

(Mailing Address)

Lexington, KY 40504

(City/ State /Zip)

The corporation agrees to notify the Department of State in the 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)

Scott McConnell

(Typed or printed name of person signing)

5/26/22
(Date)

CFO

(Title of person signing)

FILING FEE \$35

FILED
2022 JUN 30 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL