F0800003934

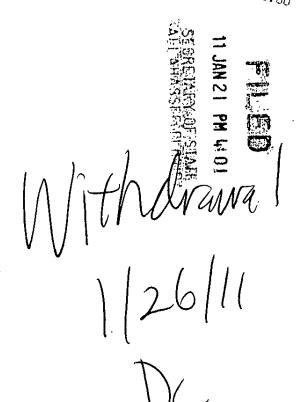
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Select Physician Solutions, Inc (Name of Corporation)
DOCUMENT NUMBER: F08000003934
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lori Browne
Lori Browne (Name of Person)
Fair Pay Solutions, Inc. (Firm/Company)
14295 Midway Road Suit 300 (Address)
Addison, TX 75001 (City/State and Zip code)
For further information concerning this matter, please call:
Lori Browne at (972) 715-8012
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

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

Select Physician Solutions, Inc. (Name of Corporation)	
(Name of Corporation)	
F0800000 39 34 (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
Delaurano	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and he voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	••
14295 Midway Road, Suite 300	
Addison TX 75001 E	
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)	———
(Typed or printed name of person signing) President (Title of person signing)	_

FILING FEE \$35