Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001637773)))



H180001637773ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

## DISSOLUTION OR WITHDRAWAL HEALTHGRID COORDINATED CARE SOLUTIONS, INC. MAY 3 1 2018

\*please file 1st before the regsitration of HealthGrid Coordinated Care Solutions LLC, thank

Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$43,75

\*please file 1st before the regsitration of HealthGrid Coordinated Care Solutions LLC, thank you!

Pretronic Filing Menu

Corporate Filing Menu

Help

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

HEALTHGRID COORDINATED CARE SOLUTIONS, INC.

-	(Name of Corpor	ation)		
F	F09000003054			
_	(Document Number of Corpo	ration (if known)		
D	Delaware			
_	(Incorporated Under	Laws of)		
This corpo roluntarily	pration is no longer transacting business or conduct surrenders its authority to transact business or con-	ting affairs within the State of Florida an iduct affairs in Florida.	d here	by
ppoints th	pration revokes the authority of its registered age the Department of State as its agent for service of was authorized to transact business or conduct affa	process based on a cause of action arisin	g <u>d</u> urii <b>co</b>	nd ng
he follow	e following is a current mailing address for the corporation:		<b>MAY 30</b>	7
45	203 Vineland Rd., #6		2	
	(Mailing Addres	s) , ,	99	C
Oi	rlando, FL 32811	(4.3%) (4.3%) (4.3%)	<b>99</b> 55	
_	(City/ State /Zij	))		
ће согрога	ation agrees to notify the Department of State in th	e future of any change in its mailing addr	ess.	
		5/24/18		
(Sign	eture of a director, president or other officer - if in the hands of a river or other court appointed fiduciary, by that fiduciary)	(Date)	<del></del>	
-	Dennis Olis	Vice President		
	(Typed or printed name of person signing)	(Title of person signing)		
	Dennis Olis (Typed or printed name of person signing)  FILING FEE \$	(Title of person sign	ing)	ing)