

FA9000004350

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000246711 3)))



H120002467113ABCY

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

0672.174079

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

**DISSOLUTION OR WITHDRAWAL
MDLIVECARE HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
2012 OCT 10 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

12 OCT 10 AM 8:03

FILE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

10/11/12

H12000246711 3
FILED

2012 OCT 10 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

MDLIVECARE HEALTH SERVICES, INC.

(Name of Corporation)

F08000004350

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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:

13830 N.W. 8th Street, Suite 205

(Mailing Address)

Sunrise, FL 33326

(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)

Randy Parker

(Typed or printed name of person signing)

10/10/2012

(Date)

President

(Title of person signing)

FILING FEE \$35

H12000246711 3