

F09000004712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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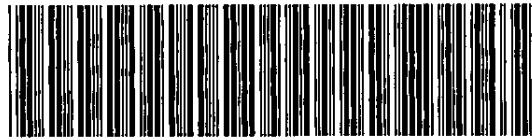
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 27 PM 4:35
TALLAHASSEE, FLORIDA

FFU
XGOS
1/31/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Obstetricians & Gynecologists Risk Retention Group of America, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this
matter to the following:

Steve Bevins

(Name of Person)

Risk Services, LLC

(Firm/Company)

58 East View Lane, Suite 2

(Address)

Barre, VT 05641

(City/State and Zip code)

For further information concerning this matter, please call:

Steve Bevins

(Name of Person)

at (802) 479.7802

(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
2661 Executive Center Circle
Tallahassee, FL. 32301

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

Obstetricians & Gynecologists Risk Retention Group of America, Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Montana

(Incorporated Under Laws of)

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16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

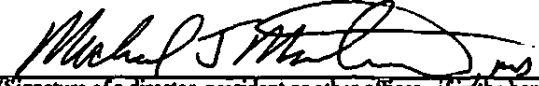
P.O. Box 2100

(Mailing Address)

Montpelier, VT 05602

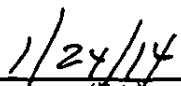
(City/ State /Zip)

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)

Michael Martin, MD

(Typed or printed name of person signing)


(Date)

President

(Title of person signing)

FILING FEE \$35