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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
MEDICUS GROUP INTERNATIONAL, INC.**

Certificate of Status	0
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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

Withdrawal

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medicus Group International, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F10000002528

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

Please return all correspondence concerning this matter to the following:

Susan D. Caulfield, Re: Sources USA - Legal

(Name of Person)

Medicus Group International, Inc.

(Firm/Company)

35 West Wacker Drive

(Address)

Chicago, IL 60601

(City/State and Zip code)

For further information concerning this matter, please call:

Susan D. Caulfield

at (312) 220-4907

(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
2661 Executive Center Circle
Tallahassee, FL 32301