

FI 1000000/98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

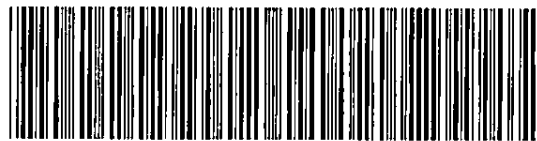
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500418434625

Withdrawal

2024 APR 25 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 APR 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY

APR 26 2024



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/25/24
Order #: 1492087-1
Re: PharmaSource Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH' and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PharmaSource Inc.

(Name of Corporation)

DOCUMENT NUMBER: F11000000198

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

Please return all correspondence concerning this matter to the following:

(Name of Person)
PharmaSource Inc. C/O IQVIA CSMS US Inc.

(Firm/Company)
2400 Ellis Road

(Address)
Durham NC 27703

(City/State and Zip code)

For further information concerning this matter, please call:

Brandy Beals _____ at (_____) 919 998-2979
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

PharmaSource Inc.

(Name of Corporation)

F11000000198

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2024 APR 25 PM 12:37
CLERK OF THE COURT
STATE OF 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:

PharmaSource Inc. C/O IQVIA CSMS US Inc.: 2400 Ellis Road

(Mailing Address)

Durham, NC 27703

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:
Thomas Shost
(Signature of director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

24 April 2024

(Date)

Thomas Shost

(Typed or printed name of person signing)

Vice President

(Title of person signing)