-F11000002083

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SHRI	Healthgram, Inc.		
зова	EC1.	(Name of Corpor	ration)
DOC	UMENT NUMBER: F11000002083		4
The en	nclosed withdrawal application and	fee are submitted f	For filing.
	e return all correspondence concerning to the following:	g this	
	Lee Ann Brown		
		(Name of Person	1)
Healthgram, Inc.			
	,	(Firm/Company)
	1515 Mockingbird Lane, 3rd Floor		
		(Address)	
	Charlotte, NC 28209		
	(0	City/State and Zip of	code)
For fu	urther information concerning this mat	ter, please call:	
Lee Ann Brown		704 at (944-6181
Enclo	(Name of Person) sed is a check for the amount:	(Area	Code & Daytime Telephone Number)
> \$3	5 Filing Fee \$\int \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional cope Enclosed)	Certificate of Status & Certified
¥*	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

Healthgram, Inc.	
(Name of Co	orporation)
F11000002083	- 100 - 24円 - 000 - 24円
(Document Number of C	Corporation (if known)
North Carolina	Inder Laws of
(Incorporated U	Under Laws of)
This corporation revokes the authority of its registered appoints the Department of State as its agent for service the time it was authorized to transact business or conduct. The following is a current mailing address for the corporation.	e of process based on a cause of action arising during et affairs in Florida.
1515 Mockingbird Lane, 3rd Floor	
(Mailing A	Address)
Charlotte, NC 28209	
(City/ Sta	ate /Zip)
The corporation agrees to notify the Department of State (Signature of a director, president or other officer - if in the hand receiver or other court appointed fiduciary, by that fiduciary)	10/15/15
Lee Ann Brown	CFO, Secretary
(Typed or printed name of person signing)	(Title of person signing)