

F12000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

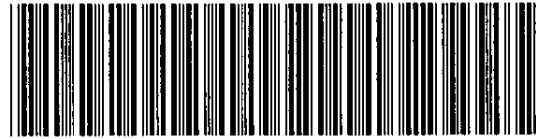
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263697556

RECEIVED
DEPARTMENT OF STATE
14 SEP - 5 AM 10: 58

FILED
DEPARTMENT OF STATE
14 SEP - 8 AM 9: 32

Withdrawal
@ 9.9.14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 286117 7665169

AUTHORIZATION :

COST LIMIT :

\$35.00

ORDER DATE : September 5, 2014

ORDER TIME : 9:29 AM

ORDER NO. : 286117-065

CUSTOMER NO: 7665169

FOREIGN FILINGS

NAME: OCN PHYSICIANS, PC

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: 10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCN Physicians P.C., Inc.

(Name of Corporation)

DOCUMENT NUMBER: F12000004560

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

Please return all correspondence concerning this matter to the following:

Jessica Farnham

(Name of Person)

American Well Corp.

(Firm/Company)

75 State Street, 26th Floor

(Address)

Boston, MA 02109

(City/State and Zip code)

For further information concerning this matter, please call:

Jessica Farnham

at (617) 204-3524

(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

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

OCN Physicians P.C. Inc.

(Name of Corporation)

F12000004560

(Document Number of Corporation (if known))

Minnesota

(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:

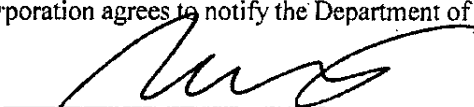
c/o General Counsel, 75 State Street, 26th Floor

(Mailing Address)

Boston, MA 02109

(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)

Peter Antall

(Typed or printed name of person signing)

9/3/14

(Date)

President

(Title of person signing)

FILING FEE \$35

FILED
SEP 14 2014
14 SEP - 8 AM 9:32