

F/20000004603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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DEC - 1 2022

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 11/30/2022

Acc#120160000072

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Name:	Care Improvement Plus South Central Insurance Company
Document #:	
Order #:	14647418

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 FILING withdrawal 1st - qualification 2nd	
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Amount: \$ **43.75**

Thank you!

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

Care Improvement Plus South Central Insurance Company

(Name of Corporation)

F12000004603

(Document Number of Corporation (if known))

Arkansas

Nov 13, 2012

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

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:

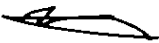
9800 Health Care Lane

(Mailing Address)

Minnetonka, MN 55343

(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)

Heather A. Lang

(Typed or printed name of person signing)

11/28/2022

(Date)

Assistant Secretary

(Title of person signing)

FILING FEE \$35

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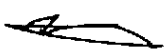
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