

F13 000003452

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Choice Medical, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F13000003452

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

Please return all correspondence concerning this
matter to the following:

John Hale

(Name of Person)

Choice Medical, Inc.

(Firm/Company)

400 Erin Drive

(Address)

Knoxville, TN 37919

(City/State and Zip code)

For further information concerning this matter, please call:

Judy Barkhurst

at (865) 243-3983

(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**

Choice Medical, Inc.

(Name of Corporation)

F13000003452

(Document Number of Corporation (if known))

Tennessee

(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:

400 Erin Drive

(Mailing Address)

Knoxville, TN 37919

(City/ State /Zip)

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

Martin Altshuler

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

Martin Altshuler

(Typed or printed name of person signing)

1/1/15

(Date)

Secretary

(Title of person signing)

FILING FEE \$35

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DEC 10 PM 4:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA