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COVER LETTER

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C	OVER LETTER	
TO: Amendment Section Division of Corporations		
SUBJECT: American M	APA TCCII' (Name of Corporation	15, Inc.
DOCUMENT NUMBER: F13 60	0000552	<u> </u>
The enclosed withdrawal application and f	ee are submitted for fi	ling.
Please return all correspondence concerning matter to the following:	this	
Judy A. Brat	Y	
American Med	(Name of Person) Trans, 7	-nc.
PARAVITED	(Firm/Company)	
<u> </u>	(Address)	
James town To	J 38556 ity/State and Zip code	3
For further information concerning this matt		,
Colonica Code	C12 1	879-8476
(Name of Person) Enclosed is a check for the amount:	at (<u>451</u>) (Area Cod	le & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	543.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
MAILING ADDRESS:		STREET ADDRESS:
Amendment Section Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		2661 Executive Center Circle
Tallahassee, FL.32314		Tallahassee, FL. 32301

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

A	necical Med Trans Frc. (Name of Corporation)	
F	300005522 (Document Number of Corporation (if known)	
Ti	ENNESS-EE (Incorporated Under Laws of)	
This corporation voluntarily surre	is no longer transacting business or conducting affairs within the State of Florida and others its authority to transact business or conduct affairs in Florida.	d hereby
appoints the Dep	revokes the authority of its registered agent in Florida to accept service on its be artment of State as its agent for service of process based on a cause of action arisin thorized to transact business or conduct affairs in Florida.	half and g during
The following is	a current mailing address for the corporation:	
_ P	CO. 30X 1750 (Mailing Address)	-; ;
J	(Naming Address) 11 10 Stown TN 38556 (City/ State /Zip)	
The corporation	agrees to notify the Department of State in the future of any change in its mailing addr	ress.
(Signature of receiver of	Fa director, president or other officer of in the hands of a other court appointed fiduciary, by that fiduciary) 3 - 30 - 18 (Date)	
	udy A. Becity President (Title of person signing)	

FILING FEE \$35