

F14000001987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

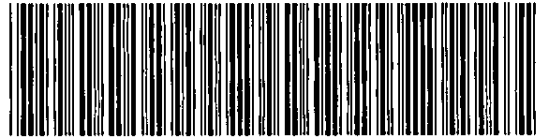
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281710418

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 FEB -3 PM 2:03

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -3 PM 5:17

FEB - 4 2016

C McNAIR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -3 11:55:59

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 969012 5028257

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : January 22, 2016

ORDER TIME : 12:43 PM

ORDER NO. : 969012-050

CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN RX MANAGEMENT, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER: _____

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

Magellan Rx Management, Inc.

(Name of Corporation)

F14000001987

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -3 PM 5:50

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:


6950 Columbia Gateway Drive

(Mailing Address)

Columbia MD 21046

(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)

1/19/16

(Date)

John DiBernardi

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35