(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Amanda Miller - EXT#

ACCOUNT NO. : 12000000195		
REFERENCE : 010115 8460230		
AUTHORIZATION TO THE REAL PROPERTY OF THE PROP		
COST LIMIT : \$35.00		
ORDER DATE : February 24, 2025		
ORDER TIME: 4:48 PM		
ORDER NO. : 010115-030		
CUSTOMER NO: 8460230		
FOREIGN FILINGS		
NAME: FORTREA PATIENT ACCESS 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		

EXAMINER: ____

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

Fortrea Patient Access Inc.	
(Name of Corporation	On) # T
F14000003876	0 6
(Document Number of Corporate	ion (if known)
Delaware	3.59
(Incorporated Under Laws of and date authorized to tra-	nsact business/conduct its affairs)
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proc time it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:	ess based on a cause of action arising during the
8045 Arco Corporate Drive Ste 250	
(Mailing Address)	
Raleigh, NC 27617	
(City/ State /Zip)	· · · · · · · · · · · · · · · · · · ·
The corporation agrees to notify the Department of State in the DocuSigned by:	3/25/2025
Signers of a discrete president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jessica Eisenhaure	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35