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| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

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Tallahassee, FL.32314

| TO: Amendment Section Division of Corporations | | |
|---|---|--|
| SUBJECT: Save on Medical | Corp. | |
| (Name of | Corporation) | |
| DOCUMENT NUMBER: F140000 | 05124 | |
| The enclosed withdrawal application and fee are sub | mitted for filing. | |
| Please return all correspondence concerning this matter to the following: | | |
| Melissa Waller | | |
| (Name of | Person) | |
| Helantic Health S | Solutions | |
| (Firm/Co | ompany) | |
| _PO BOX 1351 | | |
| (Add | ress) | |
| | 33601 | |
| (City/State and | nd Zip code) | |
| For further information concerning this matter, please | call: | |
| Melissa Waller at | 813, 284:7004 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the amount: | • | |
| Certificate of Status Certified | onal copy is Copy (Additional copy is enclosed) | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Amendment Section | Amendment Section | |
| Division of Corporations P.O. Box 6327 | 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

| Save on Medical Corporation) |
|---|
| F 1400005124 (Document Number of Corporation (if known) |
| (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: |
| The following is a current mailing address for the corporation: PO Box 1361 (Mailing Address) |
| TAMPA FL 33601 FF ST TO City/ State /Zip) |
| The corporation agrees to lotify 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) (Date) |
| Trongs Christoberry President (Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35