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H150001185183ABC/

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL ALLONE HEALTH RESOURCES INC.

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## COVER LETTER

TO:	Amendment Section Division of Corporations							
	ALLONE HEALTH RESO	URCES INC.	•					
SUBJ	ECT:	(Name of Corpor	ration)					
	F1500000168							
DOC	UMENT NUMBER:							
The e	nclosed withdrawal application and f	fee are submitted	for filing.					
	return all correspondence concerning to the following:	this						
	Linda M. Lee, Paralegal							
		(Name of Person	n)					
	Cozen O'Connor							
(Firm/Company)  200 Four Falls Corporate Center, Suite 400  (Address)								
						West Conshohocken, PA 1942	8	
						(C	ity/State and Zip	code)
For fu	rther information concerning this matt	ter, please call:						
Linda	a M. Lee	at (	941-2378					
Enclo	(Name of Person) sed is a check for the amount:	(Area	a Code & Daytime Telephone Number)					
\$3.	5 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing I Certified Copy (Additional co 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

ALLONE HEALTH RESOURCE	S INC.
(Name of Corporation	
F150000016	se (if known)
(Document Number of Corporation	on (if known)
Massachusett	ts S
(Incorporated Under Law	s of)
This corporation revokes the authority to transact business or conduct points the Department of State as its agent for service of probe time it was authorized to transact business or conduct affairs. The following is a current malling address for the corporation:  600 West Cummings Park,	in Florida to accept service on its behalf and cess based on a cause of action arising during in Florida.
(Malling Address)	
Woburn, MA 01801	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
O. A. D. M. Da	May /3 , 2015
(Signature of a director, pessident or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
John P. Moses	Chaliman
(Typed or printed name of person signing)	(Little of person signing)

FILING FEE \$35