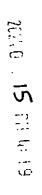
## F15000005600

<del>···</del>	(Requestor's Name)			
	(Negation & Name)			
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



500437630155





00T 15 844 K Harumabia, CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 593578 7953861

AUTHORIZATION :

COST LIMIT : \$ 35.00 TIME COST

ORDER DATE: August 13, 2024

ORDER TIME : 10:31 AM

ORDER NO. : 593578-140

CUSTOMER NO: 7953861

## FOREIGN FILINGS

NAME: MODERNIZING MEDICINE DATA

SERVICES, 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: Amanda Miller - EXT#

EXAMINER:

## **COVER LETTER**

	idment Section ion of Corporations		
SUBJECT:	Modernizing Medicine Data Service	es. Inc.	
comber.		(Name of Corporation	)
DOCUMEN	T NUMBER: F15000005600		· · · · ·
The enclosed	withdrawal application and	fee are submitted for file	ing.
Please return	all correspondence concerning	g this matter to the follow	wing:
		(Name of Person)	
<del></del>		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
		(Address)	
	((	City/State and Zip code)	
For further in	formation concerning this mat	tter, please call:	
Patrick Horan		at ( 561 ) 880	0.2998
,	(Name of Person)		& Daytime Telephone Number)
Enclosed is a	check for the amount:		
□ \$35 Filing	Fee S43.75 Filing Fee & Certificate of Status	_	□ \$52.50 Filing Fee.     Certificate of Status & Certified     Copy (Additional copy is enclosed)
Amen Divisi P.O. I	g Address: adment Section ion of Corporations 30x 6327 nassee, FL 32314	Street Address: Amendment Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee oe Street, Suite 810

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

Modernizing Medicine Data Services, Inc.	
(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
F15000005600	
(Document Number of Corporation	(if known)
Delaware - 12/17/2015	
(Incorporated Under Laws of and date authorized to transa	net business/conduct its affairs)
This corporation is no longer transacting business or conducting coluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of processime it was authorized to transact business or conduct affairs in Flories	s based on a cause of action arising during th
The following is a current mailing address for the corporation:	
4850 T-Rex Ave., Suite 200	
(Mailing Address)	
Boca Raton, FL 33431	
(City/ State /Zip)	<del>-</del>
The corporation agrees to notify the Department of State in the fut  Patrick Horan	ture 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)
Patrick Horan	Assistant Secretary
(Typed or printed name of person signing)	(fitle of person signing)
FILING FEE \$35	20240.
	<u> </u>
	· · ·