

FILED
F16 000000 0376

(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



700421737437

2024 MAR -7 AM 10:26
CLERK OF STATE
TALLAHASSEE, FL

2024 MAR -7 AM 11:10
CLERK OF STATE
TALLAHASSEE, FL

JD

RECEIVED

2024 MAR 7 11:10

R. HUNT

03/07/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/07/24
Order #: 1444294-1
Re: HOST HEALTHCARE, INC.
Processing Method: Routine

2024 MAR 7 AM 10:26
DIVISION OF STATE
CORPORATIONS, FL
ED

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Host Healthcare Inc

(Name of Corporation)

DOCUMENT NUMBER: F16000000376

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chase Jenkins

(Name of Person)

(Firm/Company)

1010 N 102nd St #300

(Address)

Omaha, NE 68114

(City/State and Zip code)

2024-07-07 AM 10:26
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

For further information concerning this matter, please call:

Chase Jenkins

at (402) 524-4023

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Best Healthcare Inc

(Name of Corporation)

F16000000376

(Document Number of Corporation (if known))

Delaware entity authorized to do business in Florida 1/26/2015

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:


7676 Hazard Center Drive Suite 500

(Mailing Address)

San Diego, CA 92108

(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)

Denise Dettingmeijer

(Typed or printed name of person signing)

3/1/2024

(Date)

Treasurer and Chief Financial Officer

(Title of person signing)

FILING FEE \$35

RECEIVED
MAR 26 2024
DEPT OF STATE
CORPORATION
FILING
SECTION