2/4/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL MHM HEALTH PROFESSIONALS INC.

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Corporate Filing Menu

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LEBO O SUB

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

·		(Name	of Corporatio	n)		· Fire co
F16000000545						CALLY CALLY
	(Doct	ument Numbe	r of Corporati	on (if known)	··	
						11. CH
Delaware			• • • • • • • • • • • • • • • • • • • •			25

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:

	(Mailing Address)	
St. Louis, MO 63105		

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, preceiver or other court a	esident or other	officer - if in try, by that fid	the hands of a uctary)	-	_01/22/2	019 (Date)			- .
					* ;				٠.
Tricia Dinkelman,	•		·`.	:	VP of Tax	•		•	٠.
(Typed or printed	name of persor	signing)				(Title of pensu	n signing)		

FILING FEE S35