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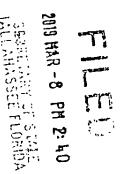
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COVER LETTER

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TO: Amendment Section Division of Corporations				
SUBJECT: Prescriber's Choice	ce, Inc			
webaner.	(Name of Corpor	ration)		
DOCUMENT NUMBER: F170000)02767			
The enclosed withdrawal application and	fee are submitted f	for filing.		
Please return all correspondence concerning matter to the following:	ţ this			
Prescriber's Choice				
	(Name of Person	1)		
0005 MALANIA DA	(Firm/Company)		
3265 W McNab Roa				
	(Address)			
Pompano Beach, Fl	_ 33069		2019 124 124	
(0	City/State and Zip o	code)	No. 23	1 1
For further information concerning this mat	ter, please call:		(S) (S) (C)	Januar:
Maria Yeager	_{at (} 561	,419-9250		
(Name of Person) Enclosed is a check for the amount:	(Area	Code & Daytime Telep	hone Number)
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional cop Enclosed)	Certificate of !		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRI Amendment Section Division of Corpo 2661 Executive Co Tallahassee, FL, 3	on rations enter Circle	

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

Prescriber's Choice, Inc		
(Name of Corporation)		
F17000002767		
(Document Number of Corporation (i	f known)	
Delaware		
(Incorporated Under Laws of	7)	
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in I appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in	ffairs in Florida. Florida to accept service on its behalf and spaced on a cause of action arising during	d
The following is a current mailing addrage for the garneration:	2019 HAR	
The following is a current mailing address for the corporation:		7
3265 W McNab Road		t us
Pompano Beach, FL 33069 (City/ State /Zip)	PH 2: 40	
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that tiduciary)	re of any change in its mailing address. 3-5-16 (Date)	
Spencer Malkin (Typed or printed name of person signing)	(Title of person signing)	
(1) har an farmer after an farman afternoon	· · · · · · · · · · · · · · · · · · ·	