

F17000004997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

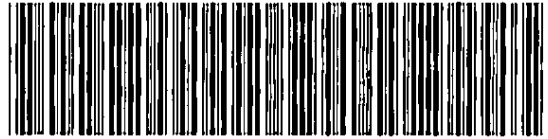
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 JUN 13 PM 3:20

2018 JUN 13 PM 2:09  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 11 2018  
3:00 PM

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

RECEIVED  
DIVISION OF CORPORATIONS  
2018 JUN 13 PM 3:20

ACCOUNT NO. : I20000000195

REFERENCE : 253659 4359881

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : June 12, 2018

ORDER TIME : 9:42 AM

ORDER NO. : 253659-005

CUSTOMER NO: 4359881

FOREIGN FILINGS

NAME: POST ACUTE SPECIALISTS, P.A.,  
CO.

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: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: POST ACUTE SPECIALISTS, P.A., CO.  
(Name of Corporation)

DOCUMENT NUMBER: F17000004997

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

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
(Name of Person)  
Corporation Service Company  
\_\_\_\_\_  
(Firm/Company)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

2010 JUN 13 PM 3:20  
SECRETARY OF CORP. DIVISION  
DIVISION OF CORPORATIONS

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

Post Acute Specialists, P.A., Co.

(Name of Corporation)

F17000004997

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of)

2018 JUN 13 PM 3:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

835 E. Lamar Blvd. #141

(Mailing Address)

Arlington, TX 76001-3504

(City/ State /Zip)

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

DocuSigned by:

Jamison Feramisco MD

E2E3A04419B3411

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

6/6/2018 12:30:45 PM PDT

(Date)

Jamison Feramisco

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE \$35**