F17000005080

(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:		
Man HOANE		





900402208179





CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 441606 8306394				
AUTHORIZATION:				
COST LIMIT : \$ 35.00				
ORDER DATE : February 8, 2023				
ORDER TIME : 9:12 AM				
ORDER NO. : 441606-065				
CUSTOMER NO: 8306394				
FOREIGN_FILINGS				
NAME: DOCTOR ON DEMAND, 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				

EXAMINER: ____

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Doctor On Demand, Inc.	
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER: F17000005086	5
The enclosed withdrawal application an	nd fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
David Thompson	
	(Name of Person)
Included Health, Inc.	
	(Firm/Company)
One California Street, Suite 2300	
	(Address)
San Francisco CA 94111	
	(City/State and Zip code)
For further information concerning this m	natter, please call:
David Thompson	at (830-6799
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee of Certificate of Statu	& S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified (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

Doctor On Demand, Inc.	***
(Name of Corporation)	75.CC
F17000005086	
(Document Number of Corporation (if know	vn)
Delaware 11/13/2017	ē. ○
(Incorporated Under Laws of and date authorized to transact busin	ess/conduct its affairs)
This corporation revokes the authority of its registered agent in Florid appoints the Department of State as its agent for service of process based time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation:	
One California Street, Suite 2300	
(Mailing Address)	
San Francisco, CA 94111	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of a	
Out to 1110(11) 2011 (142) 1, 1013 03.35 (-31)	Mar 2, 2023
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)

FILING FEE \$35

General Counsel

(Title of person signing)

David Thompson

(Typed or printed name of person signing)