## F19000002839

| (Requestor's Name)                      |          |
|---|----------|
| (Address)                               | 14       |
| (Address)                               |          |
| (City/State/Zip/Phone #)                |          |
| PICK-UP WAIT MAIL                       |          |
| (Business Entity Name)                  |          |
| (Document Number)                       |          |
| Certified Copies Certificates of Status | S<br>FEI |
| Special Instructions to Filing Officer: |          |
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## **COVER LETTER**

| TO:           | Amendmen Division of | t Section<br>Corporations                    |   |  |
|---------------|----------------------|--|---|--|
| SUBJI         | Zelic I              | lealthcare Corporation                       |   |  |
| SOBOL         |                      |  | (Name of Corporation)   |  |
| DOCU          | JMENT NU             | MBER: F19000002839                           |   |  |
| The en        | closed with          | drawal application and                       | fee are submitted for filir   | g.   |
| Please        | return all co        | rrespondence concerning                      | g this matter to the follow   | ing:   |
|               | Vanessa M            | auge   |   |  |
|               |                      |  | (Name of Person)  | <del> </del>                                 |
|               | Zelis Healt          | ncare  |   |  |
|               |                      |  | (Firm/Company)  |  |
|               | Two Conce            | ourse Pkwy., Suite 300                       |   |  |
|               |                      |  | (Address)   |  |
|               | Atlanta, Ga          | 30328  |   |  |
|               |                      | (0   | City/State and Zip code)  |  |
| For fur       | ther informa         | ntion concerning this mat                    | ter, please call:   |  |
| Vanessa Mauge |                      | at ( 250-                                    | 7693  |  |
|               | (Na                  | me of Person)                                | (Area Code  | & Daytime Telephone Number)                  |
| Enclos        | ed is a cheel        | k for the amount:                            |   |  |
| □ \$35        | Filing Fee           | ☐ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) | Certificate of Status & Certified            |
|               | P.O. Box 6           | t Section<br>Corporations                    | Street Address: Amendment Sec Division of Corp The Centre of Ta     | porations<br>allahassee<br>Street, Suite 810 |

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

Zelis Healthcare Corporation

| (Name of Corporatio  | n)  |
|--|---|
| F19000002839   |   |
| (Document Number of Corporation  | on (if known)                                     |
| Delaware, 05/19/2015 6/10/2019   |   |
| (Incorporated Under Laws of and date authorized to trans   | sact business/conduct its affairs)                |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or condu  |   |
| This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procedime it was authorized to transact business or conduct affairs in I | ess based on a cause of action arising during the |
| The following is a current mailing address for the corporation:  | 270 BEC 21 PH 1: 0                                |
| 2 Crossroads Drive   | 21  |
| (Mailing Address)  | 7p  |
| Bedminster NJ, 07921   | 1:0   |
| (City/ State /Zip)   |   |
| The corporation agrees to notify the Department of State in the f  | future of any change in its mailing address.      |
| Edward Fargis  | 12/3/2020   |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  | (Date)  |
| Edward Fargis  | EVP, General Counsel & Secretary                  |
| (Typed or printed name of person signing)  | (Title of person signing)                         |

FILING FEE \$35