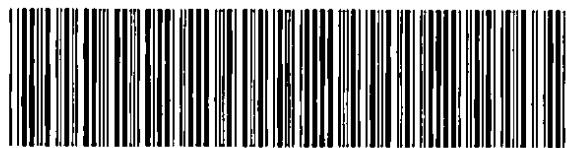


**F20000005256**

(Requestor's Name) \_\_\_\_\_



(Address) \_\_\_\_\_

200413587382

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

FILED

2023 SEP - 1 AM ID: 02

TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP - 1 AM ID: 13

TALLAHASSEE, FLORIDA

Office Use Only

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@inccserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@inccserv.com  
850.656.7953

**REQUEST DATE** 08/31/2023

**PRIORITY** Routine

**OUR REF # (Order ID#)** Renee

**ORDER ENTITY**

**MTBC-MED, INC.**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

MTBC-MED, INC.

Please file the attached withdrawal.

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
MTBC-MED. INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_  
F20000005256

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

Please return all correspondence concerning this matter to the following:

Vishal Asif

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

7 Clyde Road

\_\_\_\_\_  
(Address)

Somerset, NJ 08873

\_\_\_\_\_  
(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 Copy (Additional copy is enclosed)  
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

MTBC-MED, INC.

(Name of Corporation)

F20000005256

(Document Number of Corporation (if known))

DELAWARE 11/19/2020

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

7 CLYDE RD.

(Mailing Address)

SOMERSET, NJ 08873

(City/ State /Zip)

2023 SEP 11 AM 10:02  
FILED  
TALLAHASSEE, FLORIDA

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

DocuSigned by:

Kimberly Blanche

8/25/2023

(Date)

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

KIMBERLY BLANCHE

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35