

F20000005256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

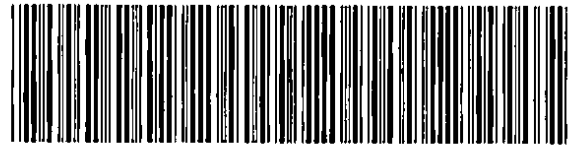
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
TALLAHASSEE, FLORIDA

2023 SEP - 1 AM 10: 02

RECEIVED
TALLAHASSEE, FLORIDA

2023 SEP - 1 AM 10: 13

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.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@incserv.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: I20050000052

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 & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified 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
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)

FILED
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DEPT. OF STATE
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

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

(Date)

KIMBERLY BLANCHE

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35