

F210000001598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

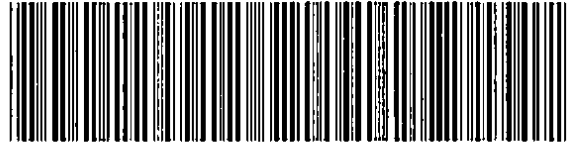
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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withdrawal

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2022 APR 28 AM 8:22

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

2022 APR 28 PM 3:48

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY
APR 29 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 643644 3405B

AUTHORIZATION

COST LIMIT : \$35.00

ORDER DATE : April 27, 2022

ORDER TIME : 1:36 PM

ORDER NO. : 643644-015

CUSTOMER NO: 3405B

FOREIGN FILINGS

NAME: PEDIATRIC THERAPEUTIC
SERVICES, 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

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

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

Pediatric Therapeutic Services, Inc.

(Name of Corporation)

F21000001598

(Document Number of Corporation (if known))

Pennsylvania - 3/19/2021

(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:

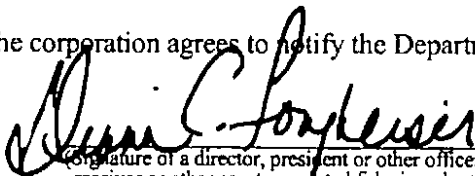
525 Fayette Street

(Mailing Address)

Conshohocken, PA 19428

(City/ State /Zip)

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



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

4/27/22

(Date)

Diana Fongheiser

(Typed or printed name of person signing)

Co-President

(Title of person signing)

FILING FEE \$35

FILED
2022 APR 28 AM 8:22