F2100000003002

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
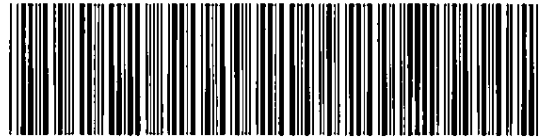(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COGENCYGLOBAL

Account#: 120000000088

Date: **February 08, 2022**

Name: **KEN**

Reference #: **1594698**

Entity Name: **HEALTH FINANCE INSTITUTE**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☑ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **$35.00**

Signature: _____

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

HEALTH FINANCE INSTITUTE, INC.

_____
(Name of Corporation)

F21000003002

_____
(Document Number of Corporation (if known)

VA   6 | 3 | 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:

3100 CLARENDON BLVD., #200

_____
(Mailing Address)

ARLINGTON, VA 22201

_____
(City/ State /Zip)

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

Andrea Feigl-Ding   02 / 02 / 2022

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

Andrea Feigl-Ding   CEO

_____   _____
(Typed or printed name of person signing)   (Title of person signing)

FILING FEE $35