

NOV 21 2007 1:26PM C S C NO. 476 P. 1
F92000000192

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000284378 3)))



H070002843783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 20 AM 8:13

RECEIVED
2007 NOV 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

GROUP PLAN CLINIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu Help

Withdrawal / CUS 11/21/07

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ORNO 20 AM 8:13

Group Plan Clinic, Inc.

(Name of Corporation)

F92000000792

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of)

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:


6950 Columbia Gateway Drive

(Mailing Address)

Columbia MD 21046

(City/ State /Zip)

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


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

November 1, 2007

(Date)

Michael P. McQuillen

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35