

F93000001453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

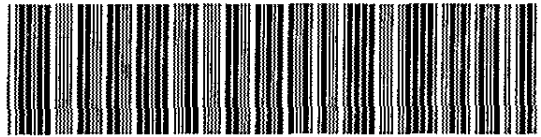
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN MAY - 3 2004

withdrawal

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Retirement Management of Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: F93000001453

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip M. Rees
(Name of Person)

Wellington HealthCare
(Firm/Company)

400 Bombay Lane
(Address)

Roswell, Georgia 30076
(City/State and Zip code)

For further information concerning this matter, please call:

Charlene Emrick at (770) 992-0441
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

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

Retirement Management of Florida, Inc.
(Name of Corporation)

F93000001453

(Document Number of Corporation (if known))

GA

(Incorporated Under Laws of)

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04 APR 26 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:


400 Bombay Lane

(Mailing Address)

Roswell, Georgia 30076

(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)

4-23-04
(Date)

KERRY S. Emrick
(Typed or printed name of person signing)

✓ Secretary / Treasurer
(Title of person signing)

FILING FEE \$35