

F93000005322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

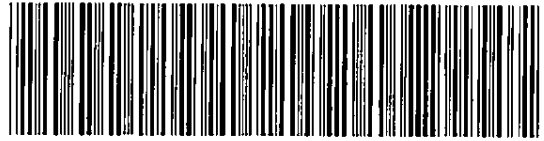
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600421676136

Withdrawal

FILED
2024 JAN 31 AM 9:49

A. RAMSEY
FEB 1 2024

RECEIVED
2024 JAN 31 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/31/24
Order #: 1405062-4
Re: The Tidewater Healthcare Shared Services Group, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

A handwritten signature in cursive script, appearing to read 'Eyliena Baker', is written over the text of the enclosed items.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Tidewater Healthcare Shared Services Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F93000005322

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Priscilla Tsantilas

(Name of Person)

Roper Technologies, Inc.

(Firm/Company)

6496 University Parkway

(Address)

Sarasota, FL 34240

(City/State and Zip code)

For further information concerning this matter, please call:

Priscilla Tsantilas

at (941) 556-2677

(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**

The Tidewater Healthcare Shared Services Group, Inc.

(Name of Corporation)

F93000005322

(Document Number of Corporation (if known))

Pennsylvania

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2024 JAN 31 AM 9:49
CLERK OF COURT
JAN 31 2024

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:

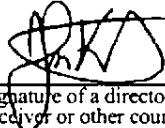
6496 University Parkway

(Mailing Address)

Sarasota, FL 34240

(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)

1/29/2024

(Date)

John K. Stipancich

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)

FILING FEE \$35