

F9410200405

(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



000254350090

RECEIVED  
14 FEB -7 PM 2:03  
DIVISION OF CORPORATIONS

FILED  
14 FEB -7 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WID  
FEB 10 2014  
R. WHITE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 990715 5173143

AUTHORIZATION *[Handwritten signature]*

COST LIMIT : \$ 35.00

ORDER DATE : February 4, 2014

ORDER TIME : 11:33 AM

ORDER NO. : 990715-050

CUSTOMER NO: 5173143

FOREIGN FILINGS

NAME: HEALTH EQUIPMENT LOGISTICS  
AND PLANNING, INC.

☒ CORPORATE  
☐ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: \_\_\_\_\_

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

Health Equipment Logistics and Planning, Inc.

(Name of Corporation)

F94000004005

(Document Number of Corporation (if known))

Delaware

(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:

100 North Point Center East, Suite 200

(Mailing Address)

Alpharetta, GA 30022

(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)

Daniel J. Mulligan

(Typed or printed name of person signing)

(Date)

Vice President and Assistant Secretary

(Title of person signing)

**FILING FEE \$35**

FILED  
14 FEB - 7 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA