F9400006225

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(Ac	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: North American Benefits Network, Inc. (Name of Corporation)		
DOCUMENT NUMBER: F940000 6225		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jenni Losel (Name of Person)		
Meritain Health, Inc. (Firm/Company)		
(Firm/Company)		
300 Corporate Parkway (Address)		
(Address)		
Amherst, NY 14226 (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Jenni Losel at (716) 319-5257		
(Name of Person) (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

North American Genefits Network, Inc
F9400000 G225 (Document Number of Corporation (if known)
(Document Number of Corporation (if known) Ohio (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and thereby 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:
300 Corporate Parkway (Mailing Address)
An herst, NY 14226 (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)
Andrea Balogh (Typed or printed name of person signing) Secretary (Title of person signing)

FILING FEE \$35