April 21, 1998

700002498727--5 -04/24/98--01072--001 ******35.00 ******35.00

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: AMS Provider Partnerships, Inc. - Certificate of Withdrawal

Dear Sir or Madam:

Enclosed are two originals of the Certificate of Withdrawal and a check in the amount of \$35.00. Please file the withdrawal and return a file-stamped copy to me at the following address:

Lee Ann Ness, Legal Department American Medical Security, Inc. 3100 AMS Boulevard Green Bay, WI 54313

withdrawal

If you have any questions or problems regarding this filing, please call me at 920-661-3246. Thank you.

Sincerely,

Lee Ann Ness

Sellm Nes

Paralegal

Enclosures

98 APR 24 PH 2: 3
SECRETARY OF STATE
FALLAHASSEE, FI ORIO

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

AMS Provider Partnerships, Inc.	90 10
(Name of Corporation)	APPEN TO A
Wisconsin	1/1/20 0
(Incorporated Under Laws O	
This corporation is no longer transacting business or conductir Florida and hereby voluntarily surrenders its authority to transain Florida.	ng affairs within the State of 🥱 act business or conduct affairs
This corporation revokes the authority of its registered agent in behalf and appoints the Department of State as its agent for scause of action arising during the time it was authorized to transfairs in Florida.	n Florida to accept service on its ervice of process based on a neart business or conduct af-
The following is a current mailing address to which the Departr any process against this corporation that may be served on the	ment of State may mail a copy of e Department.
3100 AMS Boulevard	
(Mailing Address)	·
Green Bay, WI 54313	
(City - State - Zip)	
The corporation agrees to notify the Department of State in the mailing address.	e future of any change in its
Signature	March 16, 1998 Date
· Signature	Date
Timothy J. Moore	
Typed or printed name	
Secretary	
Title	

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