F95000002898

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

2008 JUL 22 PM 1: 2

Withdrawal 7/28/08

COVER LETTER

	mendment Section ivision of Corporations
SUBJEC	T: Unioncare, Inc.
502520	(Name of Corporation)
DOCUM	ENT NUMBER: Unknown
The encle	osed withdrawal application and fee are submitted for filing.
	turn all correspondence concerning this the following:
	Shani Dinovitz
	(Name of Person)
	Funk & Bolton, P.A.
,	(Firm/Company)
	36 S. Charles Street, 12th Floor
,	(Address)
	Baltimore, Maryland 21201
	(City/State and Zip code)
For furth	er information concerning this matter, please call:
Shani	Dinovitz at (410) 659-7755
	(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

Unioncare, Inc.
(Name of Corporation) F95000002898 (Document Number of Corporation (if known)
F95000002898 宝龙 人
(Document Number of Corporation (if known)
Fig. 3
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(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:
1625 Eye Street, NW
(Mailing Address)
Washington, DC 20006
(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) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35