https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000745143)))



H100000745143ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone : (850) 222-1173 An Na 2

Fax Number : (850)224-1640

DISSOLUTION OR WITHDRAWAL MEDASSIST, INCORPORATED OF KENTUCKY

141.31	4
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

2011 APR-1 AM 8: 00 FEGRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help W

From: Ashley Smith

Thursday, April 01, 2010 3:59 PM Page: 2 of 2

H100000745143

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

	MedAssist, Incorporated of Kentucky	
	(Name of Corporation)	
	F95000005174	
	(Document Number of Corporation (if known)	
	Kentucky	
	(Incorporated Under Laws of)	
volunta	reporation is no longer transacting business or conducting affairs within the State of Florida and rily surrenders its authority to transact business or conduct affairs in Florida.	·
appoint	reporation revokes the authority of its registered agent in Florida to accept service on its beh is the Department of State as its agent for service of process based on a cause of action arising durawas authorized to transact business or conduct affairs in Florida.	
The foll	lowing is a current mailing address for the corporation:	O APR -1
	8755 W. Higgins Road, Suite 800	- =
	(Mailing Address)	ÆD.
	Chicago, IL 60631 (City/ State /Zip)	<u>့</u> သု
The cor	rporation agrees to notify the Department of State in the future of any change in its mailing address	3 88.
	(Signature of a director, president of other officer – if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) (Date)	
	Frank Stellato (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35