

F95000005969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Withdrawn

2007 JAN 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 JAN 17 PM 12:52

*ADR
1/17/07*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 528679 7548888

AUTHORIZATION

Spuddean

COST LIMIT : \$ 35.00

ORDER DATE : October 16, 2006

ORDER TIME : 11:12 AM

ORDER NO. : 528679-035

CUSTOMER NO: 7548888

FOREIGN FILINGS

NAME: ASCO HEALTHCARE, INC.

XX___ CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX___ PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper - EXT# 2948

EXAMINER: _____

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

ASCO HealthCare, Inc.
(Name of Corporation)

F95000005969
(Document Number of Corporation (if known))

Maryland
(Incorporated Under Laws of)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

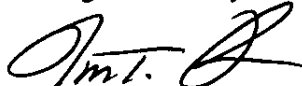
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1600 RiverCenter II, 100 East RiverCenter Blvd.
(Mailing Address)

Covington, Kentucky 41011
(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)

10/4/2006
(Date)

Regis T. Robbins
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35