

F96000001746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

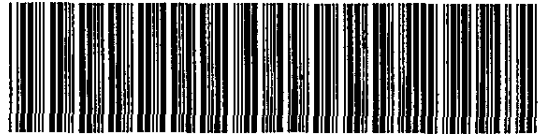
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



000065339470

02/15/06--01045--006 **35.00

FILED
06 FEB 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAB

Wither

Superior **INFORMATIONSM**

A ChoicePoint[®] Service

300 Phillips Blvd., Trenton, NJ 08618 or
PO Box 8787, Trenton, NJ 08750
Tel: 609-883-7000 Fax: 609-883-7891
www.superiorinfo.com

State: Florida

Date: February 10, 2006

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

From: April Brady

Re: Certificate of Withdrawal

Enclosed herewith please find the necessary documents to withdrawal the above corporation from your state, together with our check in the amount of \$35.00 to cover the cost of filing.

Please file upon receipt, returning a stamp filed copy of the document in the self addressed envelope.

Should you need further information please do not hesitate to contact me at (800) 848-0489, ext. 5444.

Thank you for your assistance in this matter.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Health Benefits Administrators Corp.
(Name of corporation)

DOCUMENT NUMBER: F96000001746

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Brady
(Name of Person)

Superior Information Services Inc.
(Firm/Company)

PO Box 8787
(Address)

Trenton, NJ 08650-0787
(City/State and Zip code)

For further information concerning this matter, please call:

April Brady at (800) 848-0489 ext. 5444
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

First Health Benefits Administrators Corp.
(Name of Corporation)

F96000001746
(Document Number of Corporation (if known))

Illinois
(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:

c/o Coventry Health Care, Inc. 6705 Rockledge Drive
(Mailing Address)

Bethesda, MD 20817
(City/State/Zip)

FILED
06 FEB 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

February 3, 2006
(Date)

Shirley R. Smith
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35