

F96000002096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

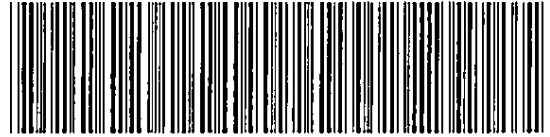
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB 12 PM 4:11

FILED

2020 FEB 12 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 13 2020

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Healogics Wound Care &</u> <u>Hyperbaric Services, Inc.</u>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
☒ OTHER Withdrawal

RETRIEVAL:

___ GOOD STANDING CERT/C.U.S. ___ CERTIFIED COPY ___ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 2/12/20 TIME _____

Notes: _____

File 1st
please

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

Healogics Wound Care & Hyperbaric Services, Inc.

(Name of Corporation)

F96000002096

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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2020 FEB 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

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:

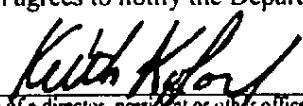
5220 Belfort Rd, Suite 130

(Mailing Address)

Jacksonville, FL 32256

(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)

1/24/2020

(Date)

Keith Koford

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35