## F96000002102

City	State	Zip	Phone		
Tallahassee, FL		32301	- -		
Address	i				
660	<u>Fast Jeffer</u>	son Stree	<u>t</u>		
Request	or's Name				
СТ	C T Corporation System				

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## CORPORATION(S) NAME

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Sleed	Disorders Center of North	Florida Table N
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,		£ 1007 4:
() Profit () NonProfit	() Amendment	() Merger 23
() Limited Liability C () Foreign	ompany  Dissolution/Withdra	wal () Mark
( ) Foreign	<u> </u>	
() Limited Partnership	() Annual Report	() Other UCC-1 / UCC-3
<ul><li>() Reinstatement</li><li>() Limited Liability P</li></ul>	() Reservation	() Change of R.A. () Fictitious Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready	() Call if Problem	() After 4:30
⟨☆ Walk In	( ) Will Wait	₩ Pick_Up
(´) Mail Out		<u>-</u>
Name		<u> </u>
Availability	2/25 PLI	EASE RETURN EXTRA COPY(S)  FILE STAMPED
Document Examiner		THANKS :
Updater		Connie _
Verifier	MOITANOGROOF CORPORATION	
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Acknowledgment	38 FEB 25 16	
W.P. Verifier	HEOEIVED	- 

CR2E031 (1-89)

TO TRANSACT BUSINESS OR CONDUCT AFFAIRS	IN FLORIDA
	99 SEC
Sleep Disorders Center of North Florida, In	nc 2 7 7 7
(Name of Corporation)	B 25
Georgia	
(Incorporated Under Laws Of)	I 4: 23
is corporation is no longer transacting business or conducting affai orida and hereby voluntarily surrenders its authority to transact bus Florida.	irs within the State of iness or conduct affairs
is corporation revokes the authority of its registered agent in Florid half and appoints the Department of State as its agent for service use of action arising during the time it was authorized to transact b rs in Florida.	of process based on a
y process against this corporation that may be served on the Depa	artment.
(Mailing Address)	-
Atlanta, Georgia 30342	
(City - State - Zip)	
ne corporation agrees to notify the Department of State in the future ailing address.	e of any change in its
Signature	→ Date
EENEST N. WILLIAMSON	<u> </u>
Typed or printed name	<del></del>
TRES.	<del></del>
Title	_

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