F96000002865

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Withdrawal

TB 7-77/10



(a joint venture between Charles Jones and Data Trace) 300 Phillips Blvd., Trenton, NJ 08618 or PO Box 8787, Trenton, NJ 08650-0787 Tel: 609-883-7000 Fax: 609-883-7891

Email: corpservices@signatureinfo.com

State:

Florida

Date:

February 22, 2008

To:

Florida Secretary of State

From:

H. Jordan Rouse

Re:

First Health Insurance Services, Inc.

(Withdrawal Filing)

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

Please file upon receipt, returning a stamp filed copy of the document to my attention by regular mail in the self addressed, stamped envelope, or mail to:

Signature Information Solutions LLC 300 Phillips Blvd.
Trenton, NJ 08618
Attn: H. Jordan Rouse

Should you need further information, or if there are any problems with the filing please contact me as soon as possible at (800) 792-8888, ext. 5409.

Thank you for your assistance in this matter.

TRANSMITTAL LETTER

Manual English Shirley R. Smith, Secretary (Name of Person) Coventry Health Care, Inc. (Firm/Company) 6705 Rockledge Drive, Suite 900 (Address) Bethesda, MD 20817 (City/State and Zip code) For further information concerning this matter, please call: H. Jordan Rouse at (800) 792-8888 Ext. 5409 (Name of Person) (Area Code & Daytime Telephone Number)	TO: Amendment Section Division of Corporations		
(Name of corporation) DOCUMENT NUMBER: F96000002865 The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shirley R. Smith, Secretary (Name of Person) Coventry Health Care, Inc. (Firm/Company) 6705 Rockledge Drive, Suite 900 (Address) Bethesda, MD 20817 (City/State and Zip code) For further information concerning this matter, please call: H. Jordan Rouse at (800) 792-8888 Ext. 5409 (Name of Person) (Area Code & Daytime Telephone Number)	SUBJECT: First Health Insurance Services, Inc.		
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	STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section Amendment Section Division of Corporations Division of Corporations		Amendment Section Division of Corporations	

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

Amendment Section Division of Corporation 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 Insurance Services, Inc.

(Maine of Corporation)
F96000002865
(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 hereb 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 an 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 Dr., Suite 900 (Mailing Address)
(Maining Address)
Bethesda, MD 20817
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
February /5,2008
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Shirley R. Smith Secretary
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35

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(Name of corporation	
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(Name of Pers	son)
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(Firm/Compa	ny)
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(Address)	
Bethesda, MD 20817	
(City/State and Zi	p code)
For further information concerning this matter, please call:	
H. Jordan Rouse at (800) 792-8888 Ext. 5409
(Name of Person) (An	rea Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section

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

Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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(Maining Addicas)	
Bethesda, MD 20817	
(City/ State /Zip)	
(6.1).	
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All the state of t	
February 15,2008	
(Signature of a director, president or other officer - if in the hands of a (Date)	
receives or other court appointed fiduciary, by that fiduciary)	
Chimles D. Coulth	
Shirley R. Smith (Typed or printed name of person signing) (Title of person signing)	_
(Title of person signing)	

FILING FEE \$35