(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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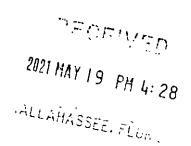
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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY
Healingies, inc.
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May 19, 2021

ADVANCED INCORPORATING SERV

SUBJECT: HEALOGICS, INC. Ref. Number: F96000002892

We have received your document for HEALOGICS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INCLUDE THE DATE ENTITY AUTHORIZED TO TRANSACT BUSINESS/CONDUCT ITS AFFAIRS

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 521A00010574

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

Healogies, Inc.

	(Name of Corporation)			
	F96000002892			
(Document Number of Corporation (if known)				
	Delaware 5/30 /91	(;		
	(Incorporated Under Laws of and date authorized to transa-	ct business/conduct its affairs)		
This corp	poration is no longer transacting business or conducting a ly surrenders its authority to transact business or conduct poration revokes the authority of its registered agent in the Department of State as its agent for service of process as authorized to transact business or conduct affairs in Flo	affairs in Florida. Florida to accept service of based on a cause of action ar	n its behalf and	
The follo	wing is a current mailing address for the corporation:		2021	
	5220 Belfort Rd, Suite 130	F: 21	2021 HAY 1	
•	(Mailing Address)	70.	. प्रतिका	
	Jacksonville, FL 32256	රිය ආ ආ ආ		
	(City/ State /Zip)	; · · · · · · · · · · · · · · · · · · ·	02	
(Si	gnature of a director, president of the future of a director, president of the officer - if in the hands of a director of the fiduciary, by that fiduciary)	ure of any change in its mailing 5/12/2	ng address.	
K	eith Koford	Secretary		
_	(Typed or printed name of person signing)	(Title of person signi	uē)	

FILING FEE \$35